

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH **1003**

State File No. **27997**
7522

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1303 South Vandeventer Ave</u>				d. STREET ADDRESS (If rural, give location) <u>1303 So. Vandeventer Ave.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Russell</u>		b. (Middle) <u>Dunn</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29, 1949</u>				
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Oct. 27, 1904</u>				
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service Co.</u>			11. BIRTHPLACE (State or foreign country) <u>Lecommo, Mo.</u>				
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <u>Peter Dunn</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Georgia E. Dunn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George Dunn Baker</u>				ADDRESS <u>6300 Mo. East St. L.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>physician who said I might</u>								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sigh certificate</u>								
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u> <u>940</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H281</u>						
22. I hereby certify that I attended the deceased from <u>only at</u> 19 <u> </u> , to <u>Aug 29, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:30 P. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>W. H. Clitters</u>				(Degree or title) _____		23b. ADDRESS <u>906 Carters, Bldg St Louis Mo</u>		23c. DATE SIGNED <u>Aug 30 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 30, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rhea Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lecommo Mo.</u>				
DATE REC'D BY LOCAL REG. <u>AUG 30 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Casater</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>				ADDRESS <u>3840 Lindell Ave</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Carleton Reddy
Ch. 7152
11-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W H VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.