

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38672**  
Registrator's No. **9523**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrator's No. <b>9523</b>			
1. PLACE OF DEATH a. COUNTY <b>5800-Arsenal-St.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>000</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis.</b>		c. LENGTH OF STAY (in this place) <b>13 Yrs. 6 Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis. Mo.</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmery</b>				d. STREET ADDRESS (If rural, give location) <b>23- 2014 S. Broadway</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dillon</b>			b. (Middle)		c. (Last) <b>Dunn</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 2 49</b>		
5. SEX <b>Male</b>		16. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>		8. DATE OF BIRTH <b>Mar. 28, 1905</b>		9. AGE (In years last birthday) <b>44</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Licking, Missouri</b>			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>George Dunn</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Mahan</b>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <b>Velena McCarver</b> ADDRESS <b>2014 S. Broadway</b>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PARKINSON'S DISEASE</b>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>INANITION WITH AVITAMINOSIS</b>					
				DUE TO (c) <b>PARKINSONISM (PROGRESSIVE)</b>					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>MANY YEARS</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>87c</b> (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>25th X.</b>					
22. I hereby certify that I attended the deceased from <b>April 9, 1936</b> , to <b>Nov. 2, 1949</b> , that I last saw the deceased alive on <b>Nov. 2, 1949</b> , and that death occurred at <b>10:40 P.M.</b> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Palmer Romaine Bowditch M.D.</b>				23b. ADDRESS				23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-5-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>NOV 4 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Sawyer</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Weick Bro. Und. Co.</b> ADDRESS <b>2201 S. Grand Bl</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

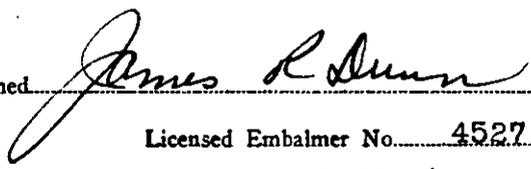
**STATEMENT BY LICENSED EMBALMER**

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  \_\_\_\_\_

Licensed Embalmer No. 4527

P. O. Address. 2201 S. Grand Bl.

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

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