

FILED MAR 4 1950 STANDARD CERTIFICATE OF DEATH

State File No. **6156**  
**1698**

**318**

**1003**

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 <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3655 RUSSELL BLVD</b>		d. STREET ADDRESS (If rural, give location) <b>17 3655 RUSSELL BLVD</b>	

3. NAME OF DECEASED (Type or Print) <b>MICHAEL DENNIS DUNN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 19 1950</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JAN 13 1873</b>	9. AGE (In years last birthday) <b>77</b>	if UNDER 1 YEAR Months <b>1</b>	if UNDER 1 YEAR Days <b>6</b>	if UNDER 1 MIN. Hours <b>1</b>	if UNDER 1 MIN. Mins. <b>1</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>POLICE OFFICER - RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ST. LOUIS POLICE DEPT</b>		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U</b>	
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13a. FATHER'S NAME <b>DENNIS DUNN</b>		13b. MOTHER'S MAIDEN NAME <b>HANORA BOWES</b>		14. NAME OF HUSBAND OR WIFE <b>MARGARET DUNN (DECEASED)</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Dunne</b>		ADDRESS <b>3655 Russell Blvd</b>	
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18. CAUSE OF DEATH 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		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mitral Regurgitation of heart</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b>		
DUE TO (c) _____		15 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio-sclerosis,</b>		15 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (STATE) <b>H 221 -</b>
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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?
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22. I hereby certify that I attended the deceased from **7-15 1940**, to **Feb. 19 1950**, that I last saw the deceased alive on **Feb. 18 1950**, and that death occurred at **12:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Albert Beisbarth M.D.</b>	(Degree or title)	23b. ADDRESS <b>3606 Gravois ave</b>	23c. DATE SIGNED <b>2-20-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB 22 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>
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DATE REC'D BY LOCAL REG. <b>FEB 21 1950</b>	REGISTRAR'S SIGNATURE <b>JOS Fasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm J. Rohit &amp; Co.</b>	ADDRESS <b>1905 So. Grand St.</b>
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WRITE PLAINLY—USING UNFADING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4053

P. O. Address H. Lane

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.