

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21486
State File No. 5368
Registrar's No.

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. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis				c. LENGTH OF STAY (in this place) 15				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3428 Meramec				d. STREET ADDRESS 3428 Meramec				7159 0	
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) W.		c. (Last) Dunn		4. DATE OF DEATH (Month) (Day) (Year) June 19 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 14 1869		9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Months	11. UNDER 14 HRS. Days	12. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clark Consolidated Coal Co.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo.			12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME John W. Dunn Sr			13b. MOTHER'S MAIDEN NAME Alice Barnidge			14. NAME OF HUSBAND OR WIFE Mathilda Dunn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 496-22-0473		17. INFORMANT'S SIGNATURE OR NAME Mathilda Dunn 3428 Meramec					ADDRESS
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, asthemia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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) (STATE)		334X			
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?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Mathilda Dunn</i>			23b. ADDRESS 1200 Clark			23c. DATE SIGNED 6/20/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-21-50	24c. NAME OF CEMETERY OR CREMATORY New Pickers Cem.		24d. LOCATION (City, town, or county) St. Louis		(State)		
DATE REC'D BY LOCAL JUN 20 1950		REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>			25. FEMERAL DIRECTOR'S SIGNATURE Wm. Schumacher 3013 Meramec				

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

Dr Nicholas Young. P 26311
4307 S Grand.

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.....
Student Embalmer

Signed

Jack Stangst

Licensed Embalmer No. *4746*

P.O. Address: *Adams*

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.