

FILED APR 20 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14014**
3137

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 6 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 1249 Aubert			
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) _____		c. (Last) Dunn		4. DATE OF DEATH (Month) (Day) (Year) April 4 1951	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.		8. DATE OF BIRTH March 31, 1860	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Texas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Johnson		13b. MOTHER'S MAIDEN NAME Caroline Dunn		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Undet.		16. SOCIAL SECURITY NO. Undet.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minerva Gary, Daughter, 1249 Aubert			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Benign Prostatic Hypertrophy DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> None				INTERVAL BETWEEN ONSET AND DEATH Undet. "	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Missouri		21f. HOW DID INJURY OCCUR 6/0X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 3-28 , 19 51 , to 4-4 , 19 51 , that I last saw the deceased alive on 4-4 , 19 51 , and that death occurred at 3:35a m., from the causes and on the date stated above.			
23a. SIGNATURE Robert Bacon				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 4-4-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 4/5/51		24c. NAME OF CEMETERY OR CREMATORY Heaven		24d. LOCATION (City, town, or county) (State) St. Louis, Mo	
DATE REC'D BY LOCAL REG. APR 4 1951		REGISTRAR'S SIGNATURE J B L...		25. FUNERAL DIRECTOR'S SIGNATURE Baugh		ADDRESS 3704 Kenney	

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

11/2/34

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.....

Lawrence Windson

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

11/2/34
St. Louis, Mo.

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.