

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24512

State File No.

1003

7019

Registrar's No.

| | | | | | | | | | | | | | |
|---|--|--|-----------------------|--|--|--|--|---|---|--|--|-----------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>218</u> | | PRIMARY REG. DIST. NO. _____ | | State File No. | | 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 town OR TOWN St. Louis) | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township OR TOWN St. Louis 2249) | | d. STREET ADDRESS (If rural, give location) 3329 Missouri Ave. | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital | | | | | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Knox | | | b. (Middle) G. | | | c. (Last) Dunn | | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 5, 1951 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | | 8. DATE OF BIRTH Feb. 22, 1886 | | 9. AGE (In years last birthday) 65 | | 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) Retired | | | | 10b. KIND OF BUSINESS OR INDUSTRY Minister | | 11. BIRTHPLACE (State or foreign country) Rives, Tenn. | | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | |
| 13a. FATHER'S NAME Thomas Dunn | | | | 13b. MOTHER'S MAIDEN NAME Mary Hugh | | | | 14. NAME OF HUSBAND OR WIFE Mary | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. C. H. Gordon Jr. ADDRESS 3329 Missouri Ave. | | | | | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH. 15 Min | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery heart disease | | | | | | | | ? | | | |
| | | DUE TO (c) Chronic Myocarditis | | | | | | | | ? | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | | | | | | | 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) | | | | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 Jan , 1951, to Aug 4 , 1951, that I last saw the deceased alive on Aug 4 , 1951, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) [Signature] | | | | 23b. ADDRESS 2500 N. Chylverna | | | | 23c. DATE SIGNED 8/5/51 | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 8-6-51 | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) Union City, Tenn. | | | | | | | |
| DATE REC'D BY LOCAL REG. AUG 6 1951 | | REGISTRAR'S SIGNATURE [Signature] | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd. | | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

3

No. 300
10.48

6104

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

Robert M. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. *3749*

P. O. Address *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.