

FILED MAR 29 1952

State File No. 2328
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u> <u>2129</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>5707 CATES AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PARKLANE HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERINE</u> b. (Middle) <u>R.</u> c. (Last) <u>DUNN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>10</u> <u>52</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JAN. 6TH 1904</u>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 mos.: Days) (If under 12 hrs.: Hours) (If under 60 min.: Min.) <u>48</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOHN DUNN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY HARRINGTON</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth M. Emery</u>	ADDRESS <u>5707 Cates Ave. St. Louis, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Hemorrhage from gastric ulcer</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>peptic and diverticul</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
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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? <u>5400</u>
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22. I hereby certify that I attended the deceased from 6-6-50 to 3-10-52, that I last saw the deceased alive on 3-10-52, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clare O'Hare</u>	(Degree or title) <u>em-h</u>	23b. ADDRESS <u>706 walton</u>	23c. DATE SIGNED <u>3-11-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/13/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO.</u>
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DATE REC'D BY LOCAL REG. <u>MAR 12 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Mullen</u>	ADDRESS <u>5165 Blumauer Pl.</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ronald O. Yalinski

Licensed Embalmer No. 3017

P. O. Address St. Louis

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.