

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6557

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 township) OR TOWN <u>St. Louis, Missouri</u>			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u>			d. STREET ADDRESS <u>5941 Bartner</u>								
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. AGE (In years last birthday)					
a. (First) <u>GEORGE</u>			b. (Middle) <u>K.</u>			c. (Last) <u>DUNN</u>					
			4. DATE OF DEATH			5. AGE (In years last birthday)					
			Month <u>JULY</u>			Day <u>1</u>					
			Year <u>1953</u>								
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)					
			<u>Unknown</u>			8. DATE OF BIRTH <u>Oct. 6, 1883</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Storekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>?</u>			11. BIRTHPLACE (City and State or Foreign Country) /					
						<u>Rossville, Ill.</u>					
12. CITIZENRY OF WHAT COUNTRY?			13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME					
			<u>John Dunn</u>			<u>Unknown</u>					
			14. NAME OF HUSBAND OR WIFE			<u>Susan</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>			16. SOCIAL SECURITY NO. <u>unknown</u>			17. INFORMANT'S SIGNATURE OR NAME					
						<u>Harriet Hoven</u>					
						ADDRESS <u>5941 Bartner</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>			DUPLICATE TO (b) <u>Arteriosclerotic heart disease</u>								
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUPLICATE 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 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)					
						<u>4200</u>					
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?					
22. I hereby certify that I attended the deceased from <u>6-19-53</u> , 19 <u> </u> , to <u>7-1-53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>7-1-53</u> , 19 <u> </u> , and that death occurred at <u>6:30P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Richard J. [Signature]</u>			(Degree or title)			23b. ADDRESS <u>1515 Lafayette Avenue</u>			23c. DATE SIGNED <u>7-2-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)			24b. DATE <u>7-5-53</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Fairfield, Illinois</u>			24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>JUL 2 1953</u>			REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Stroot-Carroll</u>			ADDRESS <u>4600 Natural Bridge</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 *M. W. Rueter*

Licensed Embalmer No. *4865*

P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.