

FILED AUG 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29913
State File No. _____
Registrar's No. **7733**

| | | | | | | | | | | | | | |
|---|--|--|-------------------------|--|--|---|--|--|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. _____ | | Registrar's No. 7733 | | | | | |
| 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) OR TOWN St. Louis | | | | c. LENGTH OF STAY (In this place) 33 Yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4560. Garfield | | | | d. STREET ADDRESS (If rural, give location) 4560. Garfield | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Joseph | | | b. (Middle) Dunn | | | c. (Last) Dunn | | | 4. DATE OF DEATH (Month) (Day) (Year) 8 - 3 - 1953 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE Col. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | 8. DATE OF BIRTH 12 - 14 - 1880 | | 9. AGE (In years last birthday) 72 | | IF UNDER 1 YEAR Months 7 Days 19 | | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Freight Handler | | | | 10b. KIND OF BUSINESS OR INDUSTRY C.B.Q RR | | 11. BIRTHPLACE (City and State or Foreign Country) Elberington Elbert Co. Georgia | | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | | | |
| 13a. FATHER'S NAME Adam Dunn | | | | 13b. MOTHER'S MAIDEN NAME Centhy Gunther | | | | 14. NAME OF HUSBAND OR WIFE ***** | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | | | 16. SOCIAL SECURITY NO. 707-07-6192 | | 17. INFORMANT'S SIGNATURE OR NAME Miss Mary Allen | | | | ADDRESS Cincinnati, Ohio | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lower Nephron Nephrosis | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosis | | | | | | | | | |
| | | | | 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 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) 591X | | | | | | | |
| 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 _____, 1953, to _____, 1953, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | | | | | |
| 23a. SIGNATURE [Signature] (Degree or title) | | | | 23b. ADDRESS 822 N. Jefferson | | | | 23c. DATE SIGNED 8/6/53 | | | | | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) Removal | | | | 24b. DATE 8-3-53 | | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | | | | |
| DATE REC'D BY LOCAL REG. AUG 7 1953 | | REGISTRAR'S SIGNATURE [Signature] | | | | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | | | | ADDRESS 2616, No. Garrison. | | | |

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

Leroy W. Bannister

Licensed Embalmer No. *4523*

P. O. Address *3880 Eastern*

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.