

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10467**

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. **717** PRIMARY REG. DIST. NO. **541** Registrar's No. **639**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton	c. LENGTH OF STAY (In this place) Unknown	c. CITY OR TOWN Jennings	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		STREET ADDRESS (If rural, give location) 8403 Mc Laran Avenue, 21,	

3. NAME OF DECEASED (Type or Print) ADELE		a. (First) A.		c. (Last) DUNNE		4. DATE OF DEATH (Month) (Day) (Year) March 17th, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 29th, 1911		9. AGE (In years) last birthday 44	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Michael Mlinar		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Thomas C. Dunne	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas C. Dunne, 8403 Mc Laran Ave., 21,	

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) Pneumonia, lobar		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 2 yrs 1 yr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Breast DUE TO (c) Carcinomatosis, General.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 3/12/53	19b. MAJOR FINDINGS OF OPERATION Radical Resection of Rt. Breast - Adeno-Carcinoma.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Jennings (21) Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None	

22. I hereby certify that I attended the deceased from **2/18**, 19**55**, to **3/17**, 19**55**, that I last saw the deceased alive on **3/17**, 19**55**, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Erin M. White, M.D.** (Degree or title) 23b. ADDRESS **601 S. Brentwood, Clayton, Mo** 23c. DATE SIGNED **3/17/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/21/55	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. **3/18/55** REGISTRAR'S SIGNATURE **Heber K. Rombert** FUNERAL DIRECTOR'S SIGNATURE ADDRESS **WALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.**

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.....
Signature of Student Embalmer

Signed..... *Rolph C. Zinders*

Licensed Embalmer No..... *427*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.