

XC-1645 688

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28316**
Registrar's No. **6772**

Reg. #16905
SL #10232

FILED AUG 24 1956

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PRIMARY REG. DIST. NO. 1003

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 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 39 days	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 12 4912 Buckingham Court	
3. NAME OF DECEASED (Type or Print) a. (First) PATRICK b. (Middle) J. c. (Last) DUNNE		4. DATE OF DEATH (Month) (Day) (Year) July 19, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/15/86
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Sheriff	11. BIRTHPLACE (City and State or Foreign Country) Ireland
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas Dunne		13b. MOTHER'S MAIDEN NAME Mary O'Connor	14. NAME OF HUSBAND OR WIFE Anne J. Dunne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1		16. SOCIAL SECURITY NO. 487-26-1749	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hosp. Records, St. Louis, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS ANTECEDENT CAUSES GENERALIZED ARTERIOSCLEROSIS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 332x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) VA		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 6/10, 1956 , to 7/19, 1956 , and that death occurred at 12:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (In case of wife) Westphaelinger		23b. ADDRESS VAH, St. Louis, Mo.	23c. DATE SIGNED 7/19/56
24a. DATE July 21, 1956		24b. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24c. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. JUL 19 1956		REGISTRAR'S SIGNATURE J. Earl Smith	
		GENERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	
		ADDRESS 3810 Lindell Blvd.	

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

(Licensed Embalmer's Statement on Reverse Side)

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 me..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. H. Dagen.....

Licensed Embalmer No. 469

P. O. Address 3845

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.