

FILED JAN 15 1958

Registration District No. 317 Primary Registration District No. 541

Registrar's No. 3326

St. 300  
v. 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis Co. Hosp. D.O.A.</b>		Length of stay in 1b <b>D.O.A.</b>	d. STREET ADDRESS <b>3620a Watson Rd.</b>
3. NAME OF DECEASED (Type or print) First <b>GREGORY</b> Middle <b>L.</b> Last <b>DUNN JR.</b>		4. DATE OF DEATH Month <b>Dec.</b> Day <b>29</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 10, 1940</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Repair Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Western Electric</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
13a. FATHER'S NAME <b>Gregory L. Dunn Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Bernice Mertz</b>	14. NAME OF HUSBAND OR WIFE <b>--NONE</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>488-40-1953</b>	17. INFORMANT Address <b>Gregory L. Dunn Sr. 3620a Watson Rd</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple internal injuries as a direct result of auto accident trauma</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Lost control of car he was operating east on Page Avenue, and struck a concrete bridge abutment</b>	
20c. TIME OF INJURY Hour <b>2:36</b> a.m. <del>2:36</del> Month, Day, Year <b>12/29/57</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>public street 17</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Overland 14<sup>th</sup> St. Louis Mo.</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>2:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Gaymuth Harris</i> (Degree or title) <b>Coroner</b>		22b. ADDRESS <b>Clayton, Mo.</b>	
22c. DATE SIGNED <b>1/2/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 2, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>
23d. LOCATION (City, town, or county) <b>St. Louis Co. Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Kriegshauser 4228 S/Kingshighway</b>		25. DATE RECD. BY LOCAL REG. <b>12-31-57</b>	26. REGISTRAR'S SIGNATURE <i>Hubert R. Donke MD</i>

acc

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 *William P. White* .....

Licensed Embalmer No. *429* .....

P. O. Address *1028 N. 1st St. St. Louis, Mo.* .....

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.