

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026909

STATE FILE NUMBER

FILED JUL 24 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6837

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis State Hospital		Length of stay in lb over 1 yr.	d. STREET ADDRESS 5400 Grandview Ave. St. Louis State Hosp.		
3. NAME OF DECEASED (Type or print) First Guyton Middle Eugene Last Dunn			4. DATE OF DEATH Month July Day 7 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 15 1913	
9. AGE (In years (last birthday)) 45	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker	10b. KIND OF BUSINESS OR INDUSTRY Factory	11. BIRTHPLACE (City and state or country) Johnston City, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Geo. R. Dunn		13b. MOTHER'S MAIDEN NAME Clara Stine		14. NAME OF HUSBAND OR WIFE Ethel Dunn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT F.G. Dunn 3820 Wisconsin Ave. St. Louis Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation by Aspiration of Food					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Eg 21.7					
DUE TO (c) 46					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition upon which death intervened Suffered while eating several sandwiches in room at the State Hospital, 5400 Grandview Ave. July 7, 1958, at about 400pm					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. Report nature of injury in PART II of item 18. State Hospital, 5400 Grandview Ave. July 7, 1958, at about 400pm			
20c. TIME OF INJURY 400 p.m. 7 7 58		20d. PLACE OF INJURY (e.g., in or about home, farm, school, street, office, etc.) 13 Hospital			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St Louis Mo		COUNTY STATE	
21. I attended the deceased from 445 P. and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Ink or title) Tatrick Taylor Carver			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 7.9.58
23a. BURIAL, CREMATION, REMOVAL REMOVAL		23b. DATE 7/9/58	23c. NAME OF CEMETERY OR CREMATORY Tower Heights		23d. LOCATION (City, town, or county) (State) West Frankfort Illinois
24. FUNERAL DIRECTOR Stone Funeral Home		ADDRESS West Frankfort Ill.	25. DATE RECD. BY LOCAL REG. JUL 9 '58		26. REGISTRAR'S SIGNATURE Carl Smith

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 *Kenn Proloff*

Licensed Embalmer No. *4356*

P. O. Address *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.**