WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No. 27821
Township Central — Primary Registration District No. 6248 — Registered No. 120
City St Louis (No. St. Marys Hospital St. Ward)

2. FULL NAME Olin Dunn
(a) Residence, No. Chloride Mo St., Ward. Chloride Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS 1 MONTHS 4 DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chloride Mo

FATHER
13. NAME Wm S. Dunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chloride Mo

MOTHER
15. MAIDEN NAME Gertrude Heaston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Papan Mich

17. INFORMANT (ADDRESS) Wm S Dunn Chloride Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Chloride Mo DATE July 23 1934
19. UNDERTAKER (ADDRESS) Francis J. Lahey Madison Ill.
20. FILED 7/22 1934 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/11/34, 19.., to 7/21/34, 19..
I last saw him alive on 7/21/34, 19.. Death is said to have occurred on the date stated above, at 7:45P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	7/18/34
1572	
80A	
77A	

Other contributory causes of importance:
Rt otitis media
Pt admitted for Cleft Palate Repair & made unremitted bronz of operation.
Name of operation Cleft Palate Repair Date of 6/20/34
What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. C. Pfeifer MD, M. D.
(Address) 4523 S. Kingshighway

Ri - 3454