AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH DePaul Hospital, St. Louis, Mo. Registration District No. 791 File No. 25650

County ..... Registration District No. 1008 Registered No. 6824

Township ..... Primary Registration District No. ..... (No. DePaul Hosp. St. Louis Mo St. ..... Ward)

City St. Louis,

2. FULL NAME John Joseph Dunn

(a) Residence, No. 758 Goodfellow St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucille

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5th, 1896

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
40	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Business Agent

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) St. Louis, Mo.

FATHER

13. NAME John Dunn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Kate Cauley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Kate Lynch
(ADDRESS) 6736 Bartmer Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt. DATE 7/17/37, 19

19. UNDERTAKER Harrigan and Sheahan Und Co
(ADDRESS) 4415 Washington Blvd.

20. FILED JUL 16 1937, 19 J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14th, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:15 m A. M.

The principal cause of death and related causes of importance were as follows:
Hemorrhage from contused laceration of right shoulder girdle (gunshot), and puncture wound of lung, Haemothorax as a result of being shot wit gun in the hands of parties unknown to the Jury. Homicide.

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? homicide Date of injury 7/14, 1937
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Private place
Manner of injury see above
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? ?
If so, specify.

(Signed) Alfred J. Perry M.D.
(Address) Deputy Coroner

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.

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