

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH4739
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008** Registered No. **1384**
 (c) City **St. Louis Mo.** (d) Street No. **City Hospital** St.
 (If death occurred in a hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Edward Dunn. 500
 (a) Residence, No. **112 N 6th St.** St. **25**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 3, 1872.**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
66 0 3
Steamfitter.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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 **Edward Dunn.**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland.**

MOTHER 15. MAIDEN NAME **Sarah Buckley.**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland.**

17. INFORMANT (ADDRESS) **Joseph Vehey**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Feb. 8, 38**

19. FUNERAL DIRECTOR **J. J. Quinn.**
 (ADDRESS) **1522 N Grand Blv'd.**

20. FILED **FEB 7 1938** **J. J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2 - 6 - 1938**

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..... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
930
Arteriosclerosis
 Date of onset

Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 **See above**
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify.....

(Signed) **Alfred Perry** M. D.
 (Address) **Calvary Corner**

STATEMENT BY LICENSED EMBALMER

I, B. W. F. [Signature], Licensed Embalmer No. 15910

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed B. W. F. [Signature]

Licensed Embalmer No. 1591

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.)