

REC'D MAR 14 1938

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

4998

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **1643**
 (c) City **St. Louis, Mo.** (d) Street No. **City Sanitarium** St.
 (e) Length of residence in city or town where death occurred **21** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mike Dunningan** **552**

(a) Residence, No. **1512 So. 10th St.** St. **23**
 (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 **Single**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 4, 1892**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 9 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Miner**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Coal Miner**
 10. Date deceased last worked at this occupation (month and year) **Jan 1919** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pana Illinois**

13. NAME **James Dunningan**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Scotland**

15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Ireland**

17. INFORMANT (ADDRESS) **All Cooks**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cemetery** DATE **2/16/38**

19. FUNERAL DIRECTOR (ADDRESS) **Street & Arsenal 5600**

20. FILED **FEB 15 1938** **J. P. Braddock**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 13/38** 19

22. I HEREBY CERTIFY, That I attended deceased from **July 1, 1937**, 19....., to **Feb. 13/38**, 19.....
 I last saw him alive on **Feb. 12/38**, 19..... Death is said to have occurred on the date stated above, at **2.25 P. M.**
 The principal cause of death and related causes of importance were as follows:

Acute Myocarditis 1-10-38

Date of onset

Other contributory causes of importance:
Pulmonary Tuberculosis 71-137x

Cellulitis of face 1-5-38x**Broncho-pneumonia 1-18-38x**

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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) **Arnold A. Cook**, M. D.
 (Address) **5600 Arsenal St**

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
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 *F. H. Wood*
Licensed Embalmer No. 2267

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.)