

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

5359
Do not fill in space.

1. PLACE OF DEATH **BECKMAN 14 1938**
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **2004**
 (c) City **St. Louis Mo.** (d) Street No. **St. Anthony Hospital** St.
 (If death occurred in 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 **Infant Dunn 500**
 (a) Residence, No. **4344 Beck Ave.** St. **15**
 (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 22 1938				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			11. Total time (years) spent in this occupation	
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)				
12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.				
13. NAME James C Dunn				
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.				
15. MAIDEN NAME Helen Dismang				
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.				
17. INFORMANT James C Dunn (ADDRESS) 4344 Beck Ave.				
18. BURIAL, CREATION, OR REMOVAL PLACE St. Peter's Paul DATE Feb 25 , 19 38				
19. FUNERAL DIRECTOR Shorkules (ADDRESS) 2906 Gravois Ave.				
20. FILED FEB 25 1938 J. Bredeck Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1st 24 1938	
22. I HEREBY CERTIFY, That I attended deceased from 2-22-38 , 19... to 2-24-38 , 19... I last saw him alive on 2-24-38 , 19... Death is said to have occurred on the date stated above, at 620 p The principal cause of death and related causes of importance were as follows: Injury at birth (Cerebral hemorrhage following 36 hours labor) Date of onset 2-27-38	
Other contributory causes of importance: 16	
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 M. W. Gaussois M. D. (Signed) M. W. Gaussois (Address) 3515 So. Grand Blvd. St. Louis Mo.	

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.

STATEMENT BY LICENSED EMBALMER

I, Thor Hutes, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by 1619 Thor Hutes

1619
L. E.

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

working under my personal supervision.

Signed Thor Hutes

Licensed Embalmer No. 1619

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.)