

REC'D JUN 9 1938

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

17106

Do not use this space.

791
1008

Registered No. 4967

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. 4512 McPherson 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 Margaret Jane Dunn

(a) Residence, No. 4512 McPherson St. 12
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28-19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single22. I HEREBY CERTIFY, That I attended deceased from 5-16- 1938, to 5-17- 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17th, 1853I last saw her alive on 5-27- 1938. Death is said to have occurred on the date stated above, at 11:30 Am.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 11 11

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

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

Cardiovascular disease

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chester, Ill.

Other contributory causes of importance:
hypertension

FATHER 13. NAME Alexander Dunn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ireland

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

17. INFORMANT (ADDRESS) Hugh Dunn, 379 N. Taylor, Ave.,

Name of operation..... Date of.....
 What test confirmed diagnosis? None Was there an autopsy? No

18. BURIAL, CREMATION, OR REMOVAL PLACE Chester, Ill. DATE May 30th 1938

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.

19. FUNERAL DIRECTOR (ADDRESS) C.R. Lupton & Sons, 4449 Olive, St., St. Louis, Mo.

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

20. FILED MAY 30 1938 J. P. Budeck Local Registrar

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) Dr. T. G. G. G., M. D.
 (Address) 6651 E. 12th

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Geo. T. Gafney
6651 Edinboro
Ca - 39-24

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STATEMENT BY LICENSED EMBALMER

I, J. J. Lepton, Licensed Embalmer No. # 2122
hereby certify that the body recorded on the reverse side of this certificate was embalmed by B. A. Miles

L. E.
No. # 2901 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. J. Lepton
Licensed Embalmer No. # 2122

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.)