DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34440

Registration District No. 791 Primary Registration District No. Registrar's No. 8978

1. PLACE OF DEATH: 1000

(a) County NOV 13 1939

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 83 days (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County 21

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2947a Laclede Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Robert Dunn JR. 500

3. (b) If veteran, name war NONE

3. (c) Social Security No. 489-14-5864

4. Sex MALE

5. Color or race COL

6. (a) Single, ~~widowed, married, divorced~~ SINGLE

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 9 (Month) 26 (Day) 1917 (Year)

8. AGE: Years 22 Months — Days 22 If less than one day hr. min.

9. Birthplace PICKENSVILLE (City, town, or county) ALA (State or foreign country)

10. Usual occupation LABORER

11. Industry or business W. P. A.

FATHER
12. Name ROBERT DUNN SR.
13. Birthplace PICKENSVILLE (City, town, or county) ALA (State or foreign country)

MOTHER
14. Maiden name LAURA WRIGHT.
15. Birthplace BIGBEE VALLEY (City, town, or county) MISS (State or foreign country)

16. (a) Informant's own signature Laura Dunn

(b) Address 2947a Laclede Ave.

17. (a) GREENWOOD-CEM. (Burial, cremation, or removal) (b) Date thereof 10-23-1939 (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEM.

18. (a) Signature of funeral director LOVE UND. CO. INC.

(b) Address 3103 WASHINGTON AVE

19. (a) OCT 22 1939 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17 year 1939 hour 8:20 minute A. M.

21. I hereby certify that I attended the deceased from 7-27-, 1939, to 10-17-, 1939; that I last saw him alive on 10-17-, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	5 mos.
Due to Laryngeal Tuberculosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. W. Allen (M. D. or other)

Address 2601 N. Whittier St. Date signed 10-17-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I X19311

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Robert H. Powell

Licensed Embalmer No. 3402

P. O. Address 917 No. Channing

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.)

If this body is not embalmed, above space should be left blank.