DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 12 1940

State File No. 4854

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1684

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 yrs. 3 mos. 24 days (Specify whether

In this community 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3723 Cottage (If rural, give location)

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

3. (a) PRINT FULL NAME Lizzie Dunk

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife C.W. Dunk

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

7. Birth date of deceased July (Month) 23 (Day) 1864 (Year)

8. AGE: Years 75 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Housework

11. Industry or business Housewife

FATHER
12. Name Walter Perrin
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Martha Park
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's own signature Peter Todt

(b) Address 5400 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Cullinane Bros

(b) Address 1710 N. Grand Blvd.

19. (a) FEB 19 1940 (Date received local registrar) (b) J. F. Bellbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16th. year 1940 hour 5:30 minute P.M. M.

21. I hereby certify that I attended the deceased from July 1, 1938 to Feb. 16, 1940; that I last saw her alive on Feb. 16th. 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis 1940 x	
Due to Arteriosclerosis 1940 x	
Chronic Myocarditis 1940 x	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes	

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 Herbert P. Smith (M. D. or other)

Address 5400 Arsenal St Date signed 2/12/40

(Licensed Embalmer's Statement on Reverse Side)

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.

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

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. Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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