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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41166

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10937

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: De Paul Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 73 years

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 19 (If outside city or town limits, write "RURAL")

(d) Street No. 4001 Washington Blvd (If rural, give location)

0

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

3. (a) PRINT FULL NAME Mrs. Mary Murphy Dunne

3. (b) If veteran, name war no.

3. (c) Social Security No. none.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas Dunne

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased December (Month) 10 (Day) 1867 (Year)

8. AGE: Years 73 Months 0 Days 21 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business 1

FATHER
12. Name James Murphy 1
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary McCarthy
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mr Thomas Dunne
(b) Address 4001 Washington Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Henry Leidner Und. Co
(b) Address 2223 St. Louis Ave.

19. (a) DEC 31 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st year 1940 hour 12 minute 45 p M.

21. I hereby certify that I attended the deceased from Nov 30, 1940 to Dec. 31, 1940; that I last saw her alive on Dec 30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure No definite heart disease	
Due to Cachexia & emaciation	
Due to Perirectal Abscess Non Malignant cause unknown	
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.

123

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 1

23. Signature W. F. Wilson (M. D. or other)

Address 6149 Nat Bridge Date signed 1/2/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. K. Wilson.

6749 Nat Bridge - 6 - 8

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis a

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

If this body is not embalmed, fact should be so stated above.