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FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8602**  
Registrar's No. **2012**

Registration District No. **791** Primary Registration District No. **1003**

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:  
**2140 Oregon Avw** /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Delia Dunn**  
3. (b) If veteran, name war **\*\*\*\*\***  
3. (c) Social Security No. **\*\*\*\*\***

4. Sex / **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Kuran Dunn**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **February 8 1861**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**80** **0** **21** hr. \_\_\_\_\_ min.

9. Birthplace **Ireland** **4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name **James McKeon**  
13. Birthplace **Ireland** **4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Bradley**  
15. Birthplace **Ireland** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Adams**  
(b) Address **2140 Oregon Ave**

17. (a) **Burial** (b) Date thereof **March 4 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Peatz Brothers**  
(b) Address **3029 Lafayette Ave**

19. (a) **MAR 3 1941** (b) **J. W. Bradley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **2317**  
(If outside city or town limits, write "RURAL") **9**  
(d) Street No. **2140 Oregon Ave**  
(If rural, give location) **0**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1st** day **March**  
year **1941** hour **8:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 1**, 19**41**, to **March 1**, 19**41**.  
that I last saw her or alive on **Feb 26**, 19**41**,  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Heart Failure** **4** hours

Due to **Myocarditis** **6** year  
Due to **Hypertension** **6** year  
Other conditions **Nephritis Chronic** **3** years  
(Include pregnancy within 6 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **0**  
23. Signature **Phil Dardick** (M.D. or other) **0**  
Address **306 N Grand Blvd St Louis** Date signed **3/3/41**

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

Dr Philip B. ...  
301 N. ...  
264  
3880

**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 Frank J. Dumas

Licensed Embalmer No. 2245

P. O. Address St. Louis, Mo

**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, fact should be so stated above.**