

FILED FEB 11 1942

Registration District No. _____

Primary Registration District No. 202

Registrar's No. 224

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

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

(c) Name of hospital or institution:
Mc Henry N. of Scott Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: 19 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED: Missouri St. Louis

(a) State Missouri (b) County St. Louis

(c) City or town South Kinloch
(If outside city or town limits, write "RURAL")

(d) Street No. Wilmore St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Linkon Dunn

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day Jan. year 1942 hour 5th minute 10⁰ M.

4. Sex Male

5. Color of race Col.

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

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

7. Birth date of deceased: February 15 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 6 - 1941 to Jan. 26 - 1942

that I last saw him alive on abode date and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 11 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Interstitial nephritis

Due to Infirmities of old age.

Due to _____

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

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation laborer

Major findings: _____
Of operations: _____

Of autopsy: _____

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

11. Industry or business _____

12. Name Unknown Dunn

13. Birthplace Unknown Dunn
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Dunn

15. Birthplace Unknown Dunn
(City, town, or county) (State or foreign country)

16. (a) Informant Nathaniel Dunn

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

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

(b) Date of occurrence _____

(b) Address Mc Henry St., So. Kinloch

17. (a) burial (b) Date thereof 1/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Washington Park

(Specify type of place)

While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Boyd Bros

(b) Address Lix Ave. Kinloch, Mo.

23. Signature [Signature] (M. D. or other) _____

Address 25 Capital Road Date signed 1-29-42

19. (a) JAN 29 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

96
00

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.....

Licensed Embalmer No.....

P. O. Address.....

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.