

Registration District No. 707

Primary Registration District No. 111

Registrar's No. 966

1. PLACE OF DEATH

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Marys Hospital 6  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community Birth  
years, months or days)

3. (a) PRINT FULL NAME Linda Rae Dunn

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 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 May 8, 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 11 20 hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name Howard Dunn

13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

14. Maiden name Rhea Heink

15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Howard Dunn

(b) Address 1116 College Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/42 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) APR 30 1942 (Date received local registrar) (b) E.H. McQuinn (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 1116 College Ave (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28, year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from 4/24/42 to 4/25/42, 1942, that I last saw him alive on 4/25/42, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Meningeal

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 157d

Major findings: Of operations.....

Of autopsy yes

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) Months of injury.....

23. Signature E.H. McQuinn (Registrar's signature) or other.....

Address 1116 College Ave Date signed.....

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

MOTHER FATHER

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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..... *Francis A. Williamson*.....  
Licensed Embalmer No. *3565*.....  
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.