

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... SAINT LOUIS:
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RESIDENCE: - 4512 McPHERSON AVE:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MISSOURI: (b) County..... 0000
(c) City or town..... SAINT LOUIS: 17
(If outside city or town limits, write "RURAL") 2/2
(d) Street No. 4512 McPHERSON AVE
(If rural, give location)
(e) Citizen of foreign country?..... NO. (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME JAMES RANDOLPH DUNN

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife..... MAUD DUNN 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... JULY 31 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 2 29 ..hr.min.

9. Birthplace..... CHESTER ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation..... RETIRED - RADIO OPERATOR

11. Industry or business..... DEPT ST. LOUIS POLICE & FIRE

12. Name..... ANDREW DUNN

13. Birthplace..... CHESTER ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name..... SARAH LONGHRAN

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

16. (a) Informant..... HUGH DUNN

(b) Address..... 450 MELVILLE AV. - U. CITY MO

17. (a) BURIAL (b) Date thereof..... Nov. 1, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... CHESTER ILLINOIS

18. (a) Signature of funeral director..... C. R. LUPTON & SONS

(b) Address..... 7253 DELMAR BLVD.

19. (a) NOV 1 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1943 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1943 to Oct 29, 1943
that I last saw him alive on Oct 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Myocarditis, chronic Duration 2 yrs

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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.....

23. Signature..... J. F. Budeck (M. D. or other) M. D.

Address..... 607 Water St Date signed..... 10-29-43

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

MOTHER FATHER

9562

9562

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - D

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.