

**FILED APR 6 1944**  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2921**

**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:  
5570 Lansdowne 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)

3. (a) PRINT FULL NAME Agnes B. 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 Widowed

6. (b) Name of husband or wife Late Matthew H. Dunn 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 22nd 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name James E. Crowe

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

14. Maiden name Margaret Fox

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

16. (a) Informant Mary M. Tarantola  
(b) Address 5570 Lansdowne Ave.

17. (a) Burial (b) Date thereof 3-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries  
(b) Address 4228 So. Kingshighway Blvd

19. (a) MAP 20 1928 (Date received for burial) J. F. Bedeck (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5570 Lansdowne Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 27th  
year 1944 hour 5:40 minute P.M. M.

21. I hereby certify that I attended the deceased from 3-22-44  
\_\_\_\_\_ 19\_\_\_\_, to 3-27-44 19\_\_\_\_

that I last saw him alive on 3/27/44 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema (Cerebral Infarct) Duration 6 days

Due to \_\_\_\_\_  
Due to Coronary Thrombosis 1 year

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.

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? \_\_\_\_\_

23. Signature Dr. Gustav Dahms (Specify type of place) (M. D. or other)  
Address 1822 So Grand Date 3-28-44

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

1452 AD  
120 - 4 PM

**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 *Philip M. S. Mervatt*

Licensed Embalmer No. *3024*

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.**