

FILED APR 26 1944

12735

State File No. _____

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

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:
2608 St. Vincent
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether)
 In this community 3 1/4 Months
 years, months or days

3. (a) PRINT FULL NAME John Thomas Dunn

3. (b) If veteran, name war No
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Stella 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 25 1889
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>1</u>	<u>23</u>	hr. _____ min.

9. Birthplace Sabula Mo. Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Laborer11. Industry or business Retired

MOTHER FATHER { 12. Name John Dunn
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant John P. Dunn
 (b) Address 1379 Pingree Lincoln Park Mich.
Motor
 17. (a) (b) Date thereof 4 / 21 / 44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Annapolis Missouri
 18. (a) Signature of funeral director A. W. McLaughlin
 (b) Address 2301 Lafayette Ave
 19. (a) APR 18 1944 J. F. Braddock
 (Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2608 St. Vincent
 (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 18
 year 44 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from March 23 1944 to April 18 1944
 that I last saw him alive on April 18 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Arthritis
 Duration Five Months

Due to _____

Due to _____

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? _____

While at work _____ (Specify type of place)
 (c) Means of injury _____

23. Signature James M. Hansen (M. D. or other) _____
 Address 2025 1/2 Jefferson Date signed _____

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

L.R. Cooper

Licensed Embalmer No.

3633

P. O. Address

2317 Lafayette

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.