

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
UNITED STATES STANDARD CERTIFICATE OF DEATH

State File No. **28602**
Registrar's No. **7336**

FILED AUG 29 1946
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **24 years**
In this community **24 years**
years, months or days (Specify whether)

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. **3822 Laclede Memorial**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **REXFORD DUNNING**
3. (b) If veteran, name war No. _____ 3. (c) Social Security No. **489-12-6426**
4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**
6. (b) Name of husband or wife **Adelaide Olson** 6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **April 2 1885**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
61 4 18 hr. min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **22nd**
year **1946** hour **9:50** minute **A** M.
21. I hereby certify that I attended the deceased from **6/16/46**
to **August 22nd** 19 **46**
that I last saw him alive on **August 22nd** 19 **46**
and that death occurred on the date and hour stated above.

9. Birthplace **Muskegon, Mich.** (City, town, or county) (State or foreign country)
10. Usual occupation **Stationary Fireman**
11. Industry or business **St. Louis City Pipe Yards**
12. Name **John Dunning**
13. Birthplace **Canada** (City, town, or county) (State or foreign country)
14. Maiden name **Eliza**
15. Birthplace **Canada** (City, town, or county) (State or foreign country)
16. (a) Informant **Adelaide Dunning**
(b) Address **3822 Laclede**
17. (a) **burial** (b) Date thereof **Aug. 24/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla**
18. (a) Signature of funeral director **Alexander Sons**
(b) Address **6175 Delmar**
19. (a) **AUG 23 1946** (b) **J. F. Bredach**
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____
Cirrhosis of the Liver
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?
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature **Albert H. Bredach** 1515 Lafayette 8/22/46
Address _____ Date signed _____

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

27040

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. 2460

P. O. Address..... 6175 Delma

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.