

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
318
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 35073
Registrar's No. 8614

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town Madison
(If outside city or town limits, write "RURAL")
(d) Street No. 1908 Sixth Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eva Victoria Dunn
(b) If veteran, name war none
(c) Social Security No. none
4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alfred M. Dunn
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased November 2 1901
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 7th.
year 1946 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 3, 1946
to Oct 7 1946
that I last saw her alive on Oct 7 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 44 Months 11 Days 5
If less than one day hr. _____ min. _____

Immediate cause of death: Multiple Cardiac decompensation Duration 10 mos.
Due to Arteriosclerotic Heart Dis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy as above

9. Birthplace Hunter Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
12. Name Elijah Kellams
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Leona Seay
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Alfred M. Dunn
(b) Address Madison, Illinois
17. (a) Rem. to Madison, Ill. 10/7/46
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)
(c) Place: burial or cremation Madison, Ill
18. (a) Signature of funeral director Francis J. Jachy
(b) Address Madison, Illinois
19. (a) OCT 7 1946 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

23. Signature Norman Orzel (M. D. or other) M.D.
Address 634 W. M. Grand Date signed 10-7-46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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. 2792
P. O. Address *Medina Ill.*

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.