

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15021
Registrar's No. 4431

FILED MAY 31 1947

Registration District No. _____ Primary Registration District No. 1003

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: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether In this community 62 years years, months or days)

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. 704 Carrie Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT WILLIAM J. DUNNEN
FULL NAME

3. (b) If veteran, name war NONE

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 30th
year 1947 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-1-47
to 4-30
that I last saw him alive on 4-30
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian Dunnen

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased: April 11, 1885
(Month) (Day) (Year)

Immediate cause of death
Coronary thrombosis
myocardial infarction
release heart

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

62 0 19 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Trouble Shooter

11. Industry or business Fire & Police Depts.

12. Name Francis Dunnen

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

14. Maiden name Katherine Zahn

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Dunnen

(b) Address 704 Carrie Avenue

17. (a) Burial (b) Date thereof 5-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. F. Brudeck

(b) Address 2117 East Grand Blvd.

19. (a) MAY 1 1947 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

Major findings: Of operations Coronary Thrombosis

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) Means of injury _____

23. Signature J. S. [unclear] (M. D. or other) md

Address 1803 [unclear] Date signed 4/28/47

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

Dr. H. S. Payne
1801. Pestalozzi
La 02 44

7-09

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.....

Frank A. Payne

Licensed Embalmer No.....

3045

P. O. Address.....

2117 E. Shea

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.