. S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2456

Registrar's No. 445

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

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 City Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 7505 Michigan Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME SIBYL DUNN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife George Dunn

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased August (Month) 8 (Day) 1924 (Year)

8. AGE:

Years	Months	Days	If less than one day
23	5	7	hr. min.

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

10. Usual occupation house wife

11. Industry or business at home

FATHER
12. Name John Jackson
13. Birthplace Advance, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Frances Westbrook
15. Birthplace Advance, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mary Frances Hiddle
(b) Address 1437 Cass Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-19-48 (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.

19. (a) JAN 16 1948 (Date received local registrar) (b) J. F. Branch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1948 hour 2 minute 05 A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural and subarachnoid hemorrhage of the Brain received during a scuffle on the home 7505 Michigan Ave. With her husband George Joel Dunn around 2:03 A.M. Jan 15 1948

Duration

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Jan 15 1948

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? Means of injury As above

23. Signature Alfred Perry (M. D. or other) 3

Address Deputy Coroner Date signed 1/16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Embalmers Separate Cert Filed JAN 16 1946

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.....

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.