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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 3301

FILED JAN 21 1948

Registration District No. 3047 Primary Registration District No. 3063 Registrar's No. 71

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 hrs. (Specify whether
In this community 35 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 36
(c) City or town Glendale 11 (If outside city or town limits, write "RURAL")
(d) Street No. 928 W. Kirkham 1 (If rural, give location)
(e) Citizen of foreign country? (~~Yes~~ or No) 1
If yes, name country

3. (a) PRINT FULL NAME Edward Dunn
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Matilda Albright
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased 1 (Month) 24 (Day) 84 (Year)

8. AGE: Years 63 Months 11 Days 14 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Christopher Dunn
13. Birthplace (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Mary Fitzgerald
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant Matilda Dunn
(b) Address 928 W. Kirkham
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Kirkwood
18. (a) Signature of funeral director Louis H. Bapp Jr
(b) Address Kirkwood Mo
19. (a) 1-9-48 (Date received local registrar) (b) Cecil A. Shay MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8 year 1948 hour 10 minute 20 A.M.
21. I hereby certify that I attended the deceased from January 7, 1948, to January 8, 1948; that I last saw him alive on January 8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	6 wks
Due to Arteriosclerotic Heart Dis.	
Due to	
Other conditions Inactive pulmonary Tbc (Include pregnancy within 3 months of death)	26 yrs

Major findings:
Of operations
Of autopsy Thrombus in coronary art small shrunk rgt lung.

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)
(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 0
23. Signature Jn C. Goshausen (M. D. or other)
Address 601 Brentwood Blvd Date signed 1-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JAN 26 1948

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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, Mo

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.