

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

**AUG** OCT 1 1948 318  
Registration District No.

Primary Registration District No. 1003

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

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:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Glover 3  
(If outside city or town limits, write "RURAL")

(d) Street No. N.R. (If rural, give location) 1

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

If yes, name country

3: (a) PRINT FULL NAME William Dunn

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased November 19 1970  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16  
year 1948 hour 3 minutes 15 A. M.

21. I hereby certify that I attended the deceased from SEPT. 10, 1948, to SEPT. 16, 1948;  
that I last saw him alive on SEPT. 15, 1948;  
and that death occurred on the date and hour stated above.

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

77	9	27	hr. min.
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Immediate cause of death Cirrhosis of liver Duration not known

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Elihu Dunn

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

14. Maiden name Eivira Smith

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Toney Lewis  
(b) Address Glover, Missouri

17. (a) Burial (b) Date thereof 9-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chloride, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) SEP 22 1948 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

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 Robert M. Smith (M. D. or other) M. D.  
Address 114 N. Taylor Date signed 9/17/48

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**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 *Gustav W. Dutilleul*.....

- - Licensed Embalmer No. *4329*.....

• P. O. Address *St Louis 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.**