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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED NOV 9 1948  
Registration District No. 377

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35016  
Registrar's No. 2122

Primary Registration District No. 3070

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Webster Groves 19  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
114 Eldridge Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 24 years years, months or days)

3: (a) PRINT FULL NAME NEOMA MAY DUNN  
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife David C. Dunn, Sr  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased March 19 1894  
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Piedmont Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James S. Berner  
13. Birthplace Piedmont Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Walker  
15. Birthplace Wilburn Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant David C. Dunn Sr  
(b) Address 114 Eldridge Ave.

17. (a) Burial (b) Date thereof 10 22 '48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Mittelberg Fun'l Home

(b) Address Webster Groves 19 Mo.

19. (a) 10-22-48 (b) Cecil A. Sharp MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 2122  
(a) State Mo. (b) County St. Louis  
(c) City or town Webster Groves 19  
(If outside city or town limits, write "RURAL")  
(d) Street No. 114 Eldridge Ave  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19  
year 1948 hour 11 minute 20 p. M.

21. I hereby certify that I attended the deceased from Mar 6 1948 to Oct 19 1948  
that I last saw her alive on Oct 19 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day  
Due to Hypertension 5 yrs  
Due to Myocarditis chr with myocardial degeneration 3 yrs  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 93d PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. H. Bockelman (M. D. or other) MD  
Address 2615 Brentwood Blvd Date signed 10/22/48

**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 *Mustar W. Duttle*

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.**