

FILED JAN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43715
State File No. 11145
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 43715		Registrar's No. 11145	
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo			c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay St. Louis Co.			1970	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hosp.					d. STREET ADDRESS (If rural, give location) 347 Hoffmeister				
3. NAME OF DECEASED (Type or Print) a. (First) ALAINE			b. (Middle) L		c. (Last) DUNN		4. DATE OF DEATH (Month) (Day) (Year) 12-26-1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 5-25-1948		9. AGE (In years) (Last birthday) Months Days IF UNDER 1 YEAR IF UNDER 1 HR. 2 7 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St. Louis Mo			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Albert Dunn			13b. MOTHER'S MAIDEN NAME Deloses L. Dunn			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albets S Dunn 347 Hoffmeister Lemay					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Brain injury when struck by tuba on automobile which did not stop, driver unaware				MEDICAL CERTIFICATION Brain injury when struck by tuba on automobile which did not stop, driver unaware				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (c) in front of 347 Hoffmeister				DUE TO (b) Due to (c) in front of 347 Hoffmeister				DUE TO (c) Lemay Mo	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Homicide 400						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lemay Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Dec 23 5:00 p.m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 68174				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:35 p.m. , from the causes and on the date stated above. 26									
23a. SIGNATURE Cathie E Taylor Coroner					23b. ADDRESS 1300 Clark			23c. DATE SIGNED 12-28-50	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 12-28-1950		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEMETERY		24d. LOCATION (City, town, or county) (State) St. Louis Mo			
DATE REC'D BY LOCAL REG. DEC 28 1950		REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WINGBERMUEHLE 3819 S GRAND BLVD				

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

George J. Kingbrunnelle

Licensed Embalmer No. 6411

P. O. Address H. Gouss. 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.