

No. 300  
V. 10.4

FILED JUN 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18877  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 2406

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood xxx.</u> c. LENGTH OF STAY (In this place) <u>11 days</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park</u> <u>4761</u>                                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>423 Couch Ave.,</u>  |  | d. STREET ADDRESS (If rural, give location) <u>Moll Nursing Home</u>   |  |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED<br>a. (First) <u>JOHN</u> b. (Middle) <u>F.</u> c. (Last) <u>DUNN</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>June 10, 1951</u> |  |  |
|---|--|--|---|--|--|

|                    |                               |   |                                       |   |                          |                          |                         |
|--------------------|-------------------------------|---|---------------------------------------|---|--------------------------|--------------------------|-------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Nov. 11, 1873</u> | 9. AGE (In years last birthday) <u>78</u> | # OUNCE IN YEAR <u>6</u> | # OUNCE IN DAY <u>12</u> | # OUNCE IN MIN. <u></u> |
|--------------------|-------------------------------|---|---------------------------------------|---|--------------------------|--------------------------|-------------------------|

|  |   |  |   |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>General Lab.</u> | 11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|---|--|---|

|                                       |  |  |
|---------------------------------------|--|--|
| 13a. FATHER'S NAME <u>Robert Dunn</u> | 13b. MOTHER'S MAIDEN NAME <u>Abernathy</u> | 14. NAME OF HUSBAND OR WIFE <u>Flora Dunn (Deceased)</u> |
|---------------------------------------|--|--|

|  |                               |   |
|--|-------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Elvin Dunn, Valley Park, Mo.</u> ADDRESS _____ |
|--|-------------------------------|---|

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|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c).<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>   |  | <u>3 years</u>                   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chronic Asthma</u><br>DUE TO (c) _____ |  | <u>1 year</u>                    |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |                                  |

|                              |  |   |
|------------------------------|--|---|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>241X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------------|--|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ |
|--|--|---|

|   |  |                                  |
|---|--|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
|---|--|----------------------------------|

22. I hereby certify that I attended the deceased from 6/4, 1951, to 6/10, 1951 that I last saw the deceased alive on 6/8, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

|   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Walter M. Sainsbury, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Kirkwood Mo</u> | 23c. DATE SIGNED <u>6/11/51</u> |
|---|---------------------------------|---------------------------------|

|   |                          |   |  |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6/13/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u> |
|---|--------------------------|---|--|

|   |   |  |
|---|---|--|
| DATE REC'D BY LOCAL REG. <u>6-12-51</u> | REGISTRAR'S SIGNATURE <u>Robert P. Somke M.D.</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Boop, Inc.</u> ADDRESS <u>Kirkwood, Mo.</u> |
|---|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Ronald O Yohuke*  
Student Embalmer No.....

Licensed Embalmer No. *3917*

P. O. Address *St Louis*

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.