

AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 30383
Registrar's No. 2135

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 500	Registrar's No. 2135
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester	c. LENGTH OF STAY (in this place) UNKNOWN	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester	d. STREET ADDRESS (If rural, give location) 4740	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home				
3. NAME OF DECEASED (Type or Print) a. (First) Margaret			b. (Middle) I	c. (Last) Dunn
4. DATE OF DEATH (Month) (Day) (Year) Aug. 11 1952				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 24, 1872	9. AGE (In years last birthday) (Month) (Day) (Year) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Patrick Dunn		13b. MOTHER'S MAIDEN NAME Johanna Lee	14. NAME OF HUSBAND OR WIFE SINGLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Dunn, Manchester Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 36 hrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sen'l arteriosclerosis DUE TO (c) Hypertension 33IX		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arthritis		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan 1952 , to Aug 11 1952 , that I last saw the deceased alive on Aug 8, 1952 , and that death occurred at 5:28 m., from the causes and on the date stated above.				
23a. SIGNATURE Ch. Denny MD		(Degree or title)	23b. ADDRESS Creve Coeur, Mo	23c. DATE SIGNED 8-12-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-14-52	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 8-12-52	REGISTRAR'S SIGNATURE Herbert R. Dunn	25. FUNERAL DIRECTOR'S SIGNATURE Cullinane Bros. 3320 N. Kingshighway		

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.

Student Embalmer No.

Signed.....

Fred Frick

Signed.....
Student Embalmer

Licensed Embalmer No. **3186**

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.