

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27622  
7175

State File No. ....  
Registrar's No. ....

FILED SEP 6 1955

BIRTH NO. 51217-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 5 hr		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens		STREET ADDRESS (If rural, give location) 94317 N 11th St. 2090	
3. NAME OF DECEASED (Type or Print) a. (First) Pearl b. (Middle) Margaret c. (Last) Dunn		4. DATE OF DEATH (Month) 8 (Day) 15 (Year) 55-	
5. SEX F		6. COLOR OR RACE W.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 8-15-55	
9. AGE (in years last birthday) 1		10. IF UNDER 1 YEAR Months 5 1/2	
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 (City and State or Foreign Country) Fredericktown Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Eldon L. Dunn		13b. MOTHER'S MAIDEN NAME Alpha Simms.	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Hebron		ADDRESS 5WS. Kingshighway	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infectious + focal subarachnoid hemorrhage DUE TO (b) Prematurity DUE TO (c) 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 762.5	
20. AUTOPSY? YES <input checked="" 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) m.		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 8-15-1955, to 8-15-1955, that I last saw the deceased alive on 8-15-1955, and that death occurred at 10:00 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Ch. N. Middleton M.D.		23b. ADDRESS St. Louis Childrens Hosp.	
23c. DATE SIGNED 9/16/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 8/17/55	
24c. NAME OF CEMETERY OR CREMATORY National Cem.		24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo	
DATE REC'D BY LOCAL REG. AUG 17 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
FUNERAL DIRECTOR'S SIGNATURE Fendler and Co.		ADDRESS 7420 Michigan	

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 *Not Embalmed*, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W.G. Peterson*

Licensed Embalmer No. *371*

P. O. Address *7420 M*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.