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FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42004**  
**11567**  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis, Mo</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis, Mo</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De. Paul Hospt.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location) <b>6 5612 St. Louis Ave</b>		<b>206/0</b>	

3. NAME OF DECEASED (Type or Print) <b>William</b>	a. (First)	b. (Middle)	c. (Last) <b>Dunne</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 29 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec 9, 1941</b>	9. AGE (In years last birthday) <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Martin Dunne</b>	13b. MOTHER'S MAIDEN NAME <b>Nora Manning</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Martin Dunne</b>	ADDRESS <b>5612 St. Louis Ave</b>
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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* (a) <b>Fracture dislocation of the 1st cervical vertebra with hard injury, suffered when struck by car operated by one</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b>		
	II. OTHER SIGNIFICANT CONDITIONS (c) Conditions contributing to the death but not related to the disease or condition causing death <b>Blasterite link up front of about 5532 St Louis Avenue</b>		

19a. DATE OF OPERATION <b>29th 1955</b>	19b. MAJOR FINDINGS OF OPERATION <b>about 625 pm, December 29th 1955.</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 29 56 6p</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>OOD E 812.4 25</b>
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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 **740p** m., from the causes and on the date stated above.

23a. SIGNATURE <b>John M. Sullivan</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>12/31/55</b>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Jan 3 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>
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DATE REC'D BY LOCAL REG. <b>DEC 31 1955</b>	REGISTRAR'S SIGNATURE <b>J. Paul Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sullivan's</b>	ADDRESS <b>2849 No Euclid Ave</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

COPY 12

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.....  
Signature of Student Embalmer

Signed *Albert Mayfield*

Licensed Embalmer No. *307*

P. O. Address *St. L.*

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.