

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029471

STATE FILE NUMBER

FILED AUG 29 1958

Registration District No. 162

Primary Registration District No. 5294

Registrar's No. 76

Health, Welfare, Public Service 004
300
-57

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. LOUIS		
b. CITY OR TOWN RURAL-MERAMEC		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN CLAYTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hill		Length of stay in lb 52 DAYS	d. STREET ADDRESS 17 WARSON TERRACE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle E Last DUNN			4. DATE OF DEATH Month AUGUST Day 15 Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUGUST 1, 1874	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY LIEUTENANT, ST. LOUIS FIRE DEPT.	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES DUNN		13b. MOTHER'S MAIDEN NAME MARY VAN ARTESON		14. NAME OF HUSBAND OR WIFE LOUISA BENNER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) U.S. CAVALRY		16. SOCIAL SECURITY NO. NONE		Address BRO. LOCH - ST. JOSEPH'S HILL INFIRMARY	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A POPEXY					INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) MILD ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE					4221
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 8/15/58 6:24/58 to 8/15/58 and last saw him alive on 8/15/58 Death occurred at 10:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. L. Marder M.D.			22b. ADDRESS St. Joseph's Hill Infirmary		22c. DATE SIGNED 8/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 8/18/58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	23d. LOCATION (City, town, or county) St. Louis	(State) Mo
24. FUNERAL DIRECTOR Rueggbauer Wood. 4228 So. Kingshighway			ADDRESS	25. DATE RECD. BY LOCAL REG. 8-18-58	26. REGISTRAR'S SIGNATURE Robert E. Bauer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

AUG 29 1958

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 27 1958

1958

SEP 4 8 50 AM '58

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 *Edwin D. McQuinn*

Licensed Embalmer No. *3024*

P. O. Address

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.