NOV 29 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31436

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 6033 — File No. 281

Township — Primary Registration District No. — Registered No.

City Richmond Hts (No. 4 Hampton Park St. Ward)

2. FULL NAME Robert Emmett Funsten

(a) Residence. No. 4 Hampton Park St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF: Charlotte E. Funsten

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 10 - 1851

7. AGE: Years 75 — Months 10 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Chairman
(b) General nature of industry, business, or establishment in which employed (or employer): R. E. Funsten Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Erin
(STATE OR COUNTRY) Virginia

PARENTS

10. NAME OF FATHER: David Funsten
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Susan Meade
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: Eugene M. Funsten
(Address) 4 Hampton Park

15. FILED 10-18, 1927 J. B. Luddreth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 17th 1927

17. I HEREBY CERTIFY, That I attended deceased from July 15th, 1927, to Oct 17, 1927, that I last saw him alive on Oct 17th, 1927, and that death occurred, on the date stated above, at 3:48 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Pancreas
46 F
(duration) yrs. 3+ mos. ds.

CONTRIBUTORY (SECONDARY) 49
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

(Signed) Joseph Davis M.D.
Oct 18, 1927 (Address) Century Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine — DATE OF BURIAL: 10-19-1927

20. UNDERTAKER: Wagner — ADDRESS: 7621 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.