

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

Do not use this space.

42793

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St Louis (No. 2738 - Cuffana)

File No. ....  
Registered No. 12582  
St. .... Ward)

**2. FULL NAME**

Dennis Gunn  
(a) Residence. No. 2738 - Cuffana St. 04 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? 50 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wilhelmina Gunn</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>about 1859</u>		
7. AGE <u>about 70</u>	YEARS <u>Unknown</u>	MONTHS <u>Unknown</u>
		DAYS <u>Unknown</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>clerk</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Grocer House</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Ireland  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT Wilhelmina Felder  
(Address) 3941 Dora Ave

15. FILED DEC 26 1929 REGISTRAR C. J. Miller

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1929  
17. I HEREBY CERTIFY, That I attended deceased from April, 1928, to Dec 24, 1929 that I last saw him alive on Dec 24, 1929, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Myocarditis  
93e

CONTRIBUTORY (SECONDARY) JAB (duration) 1 yrs. 8 mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH No  
DID AN OPERATION PRECEDE DEATH? No DATE OF .....  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Chivalal Finding  
(Signed) C. E. Moeller, M. D.  
Dec 26, 1929 (Address) 3537 Jefferson

\*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 St Peter & Paul DATE OF BURIAL Dec 27 1929

20. UNDERTAKER W. L. Moyall ADDRESS 1926 Allen

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.

WRITE PLAINLY, WITH OVERTHROWING PEN

