

MAR 12 1936

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

Do not use this space.

7798

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. Alexian Brothers Hospital

File No. 1462
Registered No.
St. Ward)

2. FULL NAME Thomas J. Gunn

(a) Residence, No. 5368 Goener Ave St. 2 Ward.
(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. (If nonresident, give city or town and State)

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 Late Margaret Gunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 6 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

13. NAME Thomas Gunn

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

15. MAIDEN NAME Mary Mulligan

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

17. INFORMANT John A. Gunn
(ADDRESS) 5445 Gresham Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 2-10 1936

19. UNDERTAKER Kriegshausser Mortuaries
(ADDRESS) 4228 So. Kingshighway Blvd.

20. FILED FEB 10 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 7 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia, following
Comminuted Intertrochanteric
Fracture of Left Femur, rec'd.
in fall to floor at residence
2/5/36, at abt. 3:30 A.M. Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/5/ 1936

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home

Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold J. Plus, M. D.
(Address)

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.

Carver