

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.

REC'D MAR 14 1938

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

4566  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **1003**  
 (b) Township ..... Primary Registration District No. ....  
 (c) City **St. Louis** (d) Street No. **4949 Bancroft Ave.** St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Albert Baker Gunn 500**

(a) Residence, No. **4949 Bancroft Ave.** St. **14** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Lulu Gunn**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 20, 1879**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**58 10 11**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Stereotype**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Worker**  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) **Knoxville**  
 (STATE OR COUNTRY) **Tenn.**

FATHER 13. NAME **John C. Gunn**

14. BIRTHPLACE (CITY OR TOWN) **Tenn.**  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Salena Giffin**

16. BIRTHPLACE (CITY OR TOWN) **Mississippi**  
 (STATE OR COUNTRY)

17. INFORMANT **Raymond C. Gunn**  
 (ADDRESS) **4949 Bancroft Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **lakewood Park** DATE **2-3** 1938

19. FUNERAL DIRECTOR **Kriegshauser Mortuaries**  
 (ADDRESS) **4228 So. Kingshighway**

20. FILED **FEB 1 1938** **J. F. Bredeck**  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 31** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **see 1** 19**37**, to **Jan 31** 19**38**

I last saw him alive on **Jan 31** 19**38** Death is said to have occurred on the date stated above, at **10:15** P.M.

The principal cause of death and related causes of importance were as follows:

**chronic myocarditis unknown** Date of onset

Other contributory causes of importance:  
**Pleural effusion. Sec. 1937**  
**(Cause of effusion not determined)**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **X-ray** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify .....

(Signed) **W. H. Schneider** M. D.  
 (Address) **2318 S. Grand**  
**St. Louis, Mo.**

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Reinhold K. Lehman*

Licensed Embalmer No. *3395*

**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.)**