REC'D MAR 24 1938

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

Do not use this space.

8115

1. PLACE OF DEATH
County St. Louis
Township BONHOMME
City KIRKWOOD
Registration District No. 96
Primary Registration District No.
(No. 321 W. ARGONNE DR St. Ward)
File No.
Registered No. 302

2. FULL NAME Charles Wesley Gunn 500
(a) Residence, No. 321 W. Argonne Dr. St., Ward. Kirkwood, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Gunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5th, 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
73	4	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale Grocery
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) (STATE OR COUNTRY) Missouri 0

FATHER
13. NAME John Wesley Gunn 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Emma Glen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Elizabeth Gunn 321 W. Argonne

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem DATE 2-15-38 19

19. UNDERTAKER (ADDRESS) Louis H Bopp Kirkwood, Mo.

20. FILED 2 74 1938 T. R. Meyer M.D. Dr. P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13-1938 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 31st, 1938, to Feb. 13th, 1938
I last saw him alive on Feb 13th, 1938. Death is said to have occurred on the date stated above, at 8:30P.m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 12-25-37

94B

Other contributory causes of importance:
Arteriosclerosis - hypertension

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical 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? ✓
If so, specify
(Signed) E. B. Waters, M. D.
(Address) Kirkwood, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.