No. 2
-13-40
17-39
X231

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1940 7911

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40460

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 10231

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 da (Specify whether ~~In this community~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County

(c) City or town TAMMS, Ills. N.R
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Patrick Harry Gunning

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Chg

6. (b) Name of husband or wife Child

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 6 (Month) - 2 (Day) - 37 (Year)

8. AGE: Years 3 | Months 6 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace TAMMS, Ill (City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

MOTHER FATHER

12. Name Michael Gunning

13. Birthplace (City, town, or county) Ills (State or foreign country)

14. Maiden name (Melba) Melba Sims

15. Birthplace (City, town, or county) Ills. (State or foreign country)

16. (a) Informant I K Blum

(b) Address 500 So. Kingshighway

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-13-40 (Month) (Day) (Year)

(c) Place: burial or cremation Tamms, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Av

19. (a) 12-12-1940 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12 year 40 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from 12-9-40, 19..., to 12-12-, 1940 that I last saw him alive on 12-12-, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Osteomyelitis left Tibia non tuberculous	4 days
Due to Hemolytic Staph. Aureus	4 days
Due to Septicemia, hem. staph Aureus	4 days
Other conditions Varicella (Include pregnancy within 3 months of death)	17 days

Major findings: Of operations Localized infection in upper end of left Tibia.

Of autopsy No autopsy permitted

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R J Blatter (M. D. or other)

Address 570 So. Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Albert G. Hoffer

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.