

610 FEB 25 1941
Registration District No. 734

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County Phillips Hospital
(b) City or town St. Louis
(c) Name of hospital or institution Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community 24 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Gunn
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James Gunn 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Sept 10 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 21 If less than one day hr. _____ min. _____

9. Birthplace West Point Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name John Mathis
13. Birthplace Vnk. Vnk.
(City, town, or county) (State or foreign country)
14. Maiden name Madeline
15. Birthplace Vnk. Vnk.
(City, town, or county) (State or foreign country)

16. (a) Informant James Gunn
(b) Address 2940 Scott, St

17. (a) Burial (b) Date thereof Jan 4 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk.

18. (a) Signature of funeral director English Ind. Co
(b) Address 2931 Lucas, Wash

19. (a) JAN 5 1941 (b) J. Briedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County MOO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1817
(d) Street No. 2940 Scott
(If rural, give location) 9
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 31
year 1940 hour 5:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from December 21 1940 to December 31 1940
that I last saw her alive on December 31 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Duration 6 mos

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations 930
Of autopsy _____
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) (Specify type of place)
While at work _____ (e) Means of injury (C)
23. Signature Edell W. Lutash (M. D. or other) _____
Address 2601 N Whittier Date signed _____

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

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 *Burleson English*

Licensed Embalmer No. *4208*

P. O. Address *2931 Lucas, N.C.*

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.)

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