

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29397

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 6672

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6207 Chatham Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6207 Chatham Ave. 0
(If rural, give location)

(e) Citizen of foreign country? No 3 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EMMA A. GUNN.

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th.
year 1941 hour 11 minute 07 A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Louis F. Gunn. 6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased. January 25, 1876.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1 1941 to Aug 8 1941,
that I last saw her alive on Aug 2 1941,
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death coronary thrombosis

Due to 50

Due to _____

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER {

12. Name Claude Jacob Junge.

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

14. Maiden name Sophie L. Wizeman.

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. John W. Hill.

(b) Address 6209 Chatham Ave.

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? _____

17. (a) Burial (b) Date thereof 8-11-1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Charles A. ... (M. D. or other) M.D.

Address 11844 ... Date signed 8-9-41

19. (a) AUG 10 1941 (b) Elmer ...
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

5-17-39

SEP 8 1941

707

Dr. O. O. White.
1194 Hodiament Ave.
Hours 1 to 3 P.M.
Telephone Cabanny 8755

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 3454

David C. Gibson....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Gibson.....

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. Ho.

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.