

S. No. 2  
1-1-4-41  
7-5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3529  
State File No.

FILED FEB 11 1942

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 251

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3535 Cambridge Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3535 Cambridge Avenue  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Burrell W. Gunn

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Margaret Elizabeth Gunn 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 11 1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Oakaville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business \_\_\_\_\_

12. Name Burrell Gunn

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

14. Maiden name Susan Herryman

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

16. (a) Informant C. B. Gunn

(b) Address 3535 Cambridge Avenue

17. (a) Cremation (b) Date thereof 1/31/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) FEB 2 1942 (b) C. H. Mc...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from October 1940 to 1/30 1942  
that I last saw him alive on \_\_\_\_\_, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 1 day

Due to General Arteriosclerosis Serility

Due to \_\_\_\_\_

Other conditions Hepatic Pneumonia 1 day  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
108

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?  
\_\_\_\_\_

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

Signature Frank A. Bailey (M. D. or other) MD.

Address 2602 South Grand Ave. Date signed 1-30-42

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

120047 6006

MAY 6 1947

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 Van Sijmons, Registered Apprentice No. 296 working under my personal supervision.

Signed

[Signature]  
Licensed Embalmer No. 1994

P. O. Address Saint Louis

**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.**