

FILED FEB 23 1943 8
Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community life (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Gunn

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex male 5. Color or Race WBG 6. (a) Single, widowed, married 1 divorced, married

6. (b) Name of husband or wife Carie Gunn 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January 28, 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months - Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Car Repair Man.

11. Industry or business _____

MOTHER FATHER { 12. Name CHARLES J. GUNN
13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)
14. Maiden name ANN DOWNS
15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Record

(b) Address 1515 Lafayette Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 15-1943
(Month) (Day) (Year)

(c) Place: burial or cremation SALVERI CEM.

18. (a) Signature of funeral director Diedrich I. Fames

(b) Address 8319 Halle Berry Rd

19. (a) FEB 19 1943 (Date received local registrar) (b) J. J. Breese (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 723
(d) Street No. 611 Marion St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
year 1943 hour 2 minute 12 A. M.

21. I hereby certify that I attended the deceased from February 8
1943 to February 12, 1943
that I last saw him alive on February 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to _____

Due to _____

Other conditions Hypertrophy of prostate
(Include pregnancy within 9 months of death)

Major findings: Of operations _____

Of autopsy Generalized arteriosclerosis
Myocardial infarct old

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) (a) Means of injury _____

23. Signature Franz U. Heimbach (M.D. or other) M.D.
Address City Hospital Date signed 2.12.43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Harold G. Burnley

Licensed Embalmer No.

4203

P. O. Address.....

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, above space should be left blank.