

FILED JUL 21 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9251

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **5 days**
(Specify whether

In this community.....
years, months or days

3. (a) PRINT FULL NAME **EWING J. GUNN**

3. (b) If veteran, name war..... **V.V.#1**
 3. (c) Social Security No. **498-01-0880**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife..... **Unknown** 6. (c) Age of husband or wife if alive..... years **1898**

7. Birth date of deceased..... **Unavailable** **1898**
(Month) (Day) (Year)

8. AGE: Years **Approx. 46** Months **?** Days **?** If less than one day
hr. min.

9. Birthplace **Essex Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Odd jobs**

11. Industry or business

12. Name **Unavailable--last name-Gunn**

13. Birthplace..... **9**
(City, town, or county) (State or foreign country)

14. Maiden name..... **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Pvt. Ewing J. Gunn--Son**(b) Address **521 Lincoln St. Lawrence, Kansas**

17. (a) **Burial** (b) Date thereof **7-15-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery, Jefferson Barracks, Mo.**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.** While at work? (Specify type of place)
 (b) Address **7814 South Broadway St. Louis, Mo.** (c) Means of injury **9**

19. (a) **JUL 14 1944** (b) Registrar's signature **J. F. Brueckner** (c) Signature **Edward W. Gebhardt** (M. D. or other)
(Date received local registrar) (Address) (Date signed)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
 (c) City or town..... **St. Louis,**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1100 South 18th Street**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12th**
 year **1944** hour **6** minute **00** P.M.

21. I hereby certify that I attended the deceased from **July 7th**
 19**44**, to **July 12th**, 19**44**

that I last saw him alive on **July 12th**, 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic endocarditis** Duration
i. aortic insufficiency

Due to.....

Due to.....

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

Major findings:
 Of operations **not done**

Of autopsy.....

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 **9**

Signature **Edward W. Gebhardt** (M. D. or other)
 Address **2515 Lafayette** Date signed **7/13/44**

STATE OF NEW YORK

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DECEASED

DECEASED

DECEASED

DATE

PLACE

PLACE

PLACE

PLACE

PLACE

PLACE

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 *Harry J. Schinack*

Licensed Embalmer No. *2679*

P. O. Address *732 Fenway Road*

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.