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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **357**

**FILED** JAN 25 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **529**

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution Home Chubbly Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution Just on arrival  
(Specify whether)

In this community 10 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 0-0-0

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 217

(d) Street No. 2215 Carr  
(If rural, give location) 9

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** MATTHEW GUNN

**3. (b) If veteran,** name war \_\_\_\_\_

**3. (c) Social Security** No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 5 day Jan  
year 1946 hour 4 minute 45 M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

**4. Sex** MAL **5. Color or race** COL

**6. (a) Single, widowed, married, divorced** SINGLE

**6. (b) Name of husband or wife** \_\_\_\_\_

**6. (c) Age of husband or wife if** \_\_\_\_\_  
alive \_\_\_\_\_ years

**7. Birth date of deceased.** FEB. 15 1913  
(Month) (Day) (Year)

Immediate cause of death Internal Hemorrhage from gunshot wound of heart inflicted at the hands of one Okdale Byrdon (col) in Tavern located 2039 Middle Street around 4:45 P.M. Jan 5 1946

Duration \_\_\_\_\_

**8. AGE:** Years 32 Months 10 Days 20  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 166

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**9. Birthplace** ARKANSAS (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

**10. Usual occupation** LABORER

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

**12. Name** Unk.

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

**14. Maiden name** Unk.

**15. Birthplace** \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

**16. (a) Informant** Wola Gunn

**(b) Address** 2030 Bidelle

**17. (a) Burial** (b) Date thereof 1-17-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Oakdale Cemetery

**18. (a) Signature of funeral director** Parrett Jordan

**(b) Address** 1210 Glasgow

**19. (a)** JAN 17 1946 (Date received local registrar) J. J. Bredeck (Registrar's signature)

**22. If death was due to external causes, fill in the following:**

**(a) Accident, suicide, or homicide (specify)** Terrorism

**(b) Date of occurrence** Jan 5 1946

**(c) Where did injury occur?** St. Louis  
(City or town) (County) (State)

**(d) Did injury occur in or about home, on farm, in industrial place, in public place?** Public place

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

**23. Signature** Andrew E. Taylor (M.D. or other) \_\_\_\_\_  
W. J. Bredeck Date signed 1/17/46

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

2563

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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.....

*Not Embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*James V. Jordan*

Licensed Embalmer No.....

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, fact should be so stated above.**