

FILED MAR 20 1946
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2319

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mo 8 Days
In this community Life
years, months or days (Specify whether)

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. 2015 S Grand Blvd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William J. Gunn

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

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

6. (b) Name of husband or wife Lenora 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 9th 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>7</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Pharmacist

11. Industry or business Grand Franklin Drug Co

12. Name Thomas Gunn

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

14. Maiden name Margaret McDonald

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

16. (a) Informant Mrs Lenora Gunn Wife

(b) Address 2015 S Grand Blvd

17. (a) Burial (b) Date thereof Mar 11th 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Petz Funeral Home

(b) Address 3029 Lafayette Ave

19. (a) 11AD 2 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1946 hour 6:45 minute A M.

21. I hereby certify that I attended the deceased from 6-13 1945 to 3-8 1946;
that I last saw him alive on 3-7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 1-2 1/2

Due to Coronary Occlusion 1-5-46

Due to Chronic Nephritis

Other conditions None

Major findings: Of operations None

Of autopsy None

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

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

(c) 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? Yes (Specify type of place) (e) Means of injury None

23. Signature E. Lee Shrader (M. D. or other) 3/9/46
Address 3720 Washington Date signed 3/9/46

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

10002

to the Embalmer
3725 Wooding St

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 Frank J. Swann

Licensed Embalmer No. 2245

P. O. Address Stromer

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.