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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2568

FILED JAN 27 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 193

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Park Lane Hospital

(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. 2118 Mullanphy St. (If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME Margaret Gunn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lester Gunn

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August 4th. 1885 (Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Pat Grady
13. Birthplace Ireland (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Jane Cuff
15. Birthplace New Orleans, La. (City, town, or country) (State or foreign country)

16. (a) Informant Lester Gunn
(b) Address 2118 Mullanphy St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave.

19. (a) JAN 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th year 1947 hour 6.30 minute A.M.

21. I hereby certify that I attended the deceased from May 1946, 19, to Jan. 13, 1947, 19; that I last saw her alive on Jan. 13, 1947, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis and myocarditis.

Due to Chronic hypertension.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature A. A. Jost (M. D. or other) M.D.

Address 2807 N. Grand Blvd., Date signed 1/15/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. A.H. Jost

2807 North Grand Ave. NE.5737

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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.....

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

working under my personal supervision.

Signed Robert L. Bingaman

Licensed Embalmer No. 3553

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.