. S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35783

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10085

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

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: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3434 Franklin (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 21 0
If yes, name country

3. (a) PRINT FULL NAME Florence Mandville Gunn.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 7 1896 (Month) (Day) (Year)
8. AGE: Years 50 Months 11 Days 21 If less than one day hr. min.
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation House work
11. Industry or business
FATHER 12. Name W. Holliday 0
13. Birthplace Unknown (City, town, or county) (State or foreign country) /
MOTHER 14. Maiden name Mandy ? 0
15. Birthplace Unknown (City, town, or county) (State or foreign country) /
16. (a) Informant Richard Gunn
(b) Address 3432 Franklin Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director C. W. Roberts
(b) Address 1416 N Taylor Ave.
19. (a) OCT 31 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1947 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from Oct. 2 1947 to Oct. 28 1947 that I last saw him alive on Oct. 28 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Hypostatic Pneumonia	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations
Of autopsy None

PHYSICIAN — Underline the cause of 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 0
23. Signature Oscar L. Dawson (M. D. or other)
Address 2601 N Whittier Date signed 10/29/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Fulton E Culkin

Licensed Embalmer No. 498

P. O. Address St Louis 13 Mo

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.