

FILED DEC 27 1949

STANDARD CERTIFICATE OF DEATH

State File No. 42534
10906

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Missouri
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri. c. LENGTH OF STAY (In this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.

d. FULL NAME OF HOSPITAL OR INSTITUTION 3745 Lindell Blv'd., /
d. STREET ADDRESS (If rural, give location) 3745 Lindell Blv'd.,

3. NAME OF DECEASED a. (First) ELIZABETH b. (Middle) IRENE c. (Last) GUNN. 4. DATE OF DEATH (Month) (Day) (Year) Dec 19, 1949.

5. SEX Female. 6. COLOR OR RACE White. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single.. 8. DATE OF BIRTH July 28, 1888. 9. AGE (In years last birthday) 61. Months 4. Days 21.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher.. 10b. KIND OF BUSINESS OR INDUSTRY Roosevelt High. 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Felix E. Gunn. 13b. MOTHER'S MAIDEN NAME Nora E. Burke. 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service) no. 16. SOCIAL SECURITY NO. none. 17. INFORMANT'S SIGNATURE OR NAME Ellen Gunn, 3745 Lindell Blv'd., ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thromboses May 1949
ANTECEDENT CAUSES DUE TO (b) Vascular hypertension 4 years
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus 5-6 years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 182

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR B32X

22. I hereby certify that I attended the deceased from Feb 6, 1936, to Dec 19, 1949, that I last saw the deceased alive on Dec 16, 1949, and that death occurred at 3 a. m., from the causes and on the date stated above.

23a. SIGNATURE Samuel W. Grant (Degree or title) M.D. 23b. ADDRESS 114 N. Taylor Ave. 23c. DATE SIGNED Dec 19 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.. 24b. DATE 12/21/49. 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery.. 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

DATE REC'D BY LOCAL REG. DEC 19 1949 REGISTRAR'S SIGNATURE J. B. Lusater 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, 7233 Delmar Blv'd.,

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

JE: 8600.
Hrs 1 - 5.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Clarence H. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 404

P. O. Address St. Louis, 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.