

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21572**
5181
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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) St. Louis		c. LENGTH OF STAY (in this place) 4 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis TOWN 2109	
		d. STREET ADDRESS (If rural, give location) 4233 St. Louis Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Elisha b. (Middle) Coleman c. (Last) Gunn			4. DATE OF DEATH (Month) June (Day) 8 (Year) 1950
5. SEX M	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 1-1-1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 48 If under 1 year: Months _____ Days _____ If under 1 min: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) Greenwood Miss		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Gunn		13b. MOTHER'S MAIDEN NAME Mary Jane Colman	
14. NAME OF HUSBAND OR WIFE Mary Gunn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME William Gunn	
		ADDRESS 4439 Kennerly	

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) Massive Gastrointestinal Hemorrhage		DUPLICATE		Undet.	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Etiology (?)			
		DUE TO (c) Carcinoma of Pancreas			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				0	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157X	

22. I hereby certify that I attended the deceased from **5-23**, 19 **50**, to **6-8**, 19 **50**, that I last saw the deceased alive on **6-8**, 19 **50**, and that death occurred at **1:50a** m., from the causes and on the date stated above.

23. SIGNATURE Montague Lawrence (Degree or title) M.D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 6-8-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) h		24b. DATE 6-13-50		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Gus Lowe		ADDRESS 2930 Dickson St.	
DATE REC'D BY LOCAL REG. JUN 15 1950		REGISTRAR'S SIGNATURE J. B. Hasater			

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

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 Arthur R. Hilliard

Signed.....
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4049 St. Ferdinand

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.