

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28239

#114119

318

REG. DIST. NO. 1003 PRIMARY REG. DIST. NO. 7406 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7406	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL. # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL. # 1</u>		e. STREET ADDRESS (If rural, give location) <u>5568 Wells Ave</u>		f. STREET ADDRESS (If rural, give location) <u>5568 Wells Ave</u>		g. STREET ADDRESS (If rural, give location) <u>2067</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>JOSEPH</u>		c. (Last) <u>GUNN</u>	
4. DATE OF DEATH <u>August 28th, 1950</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Aug. 14, 1896</u>		9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STEAMFITTER</u>		11. BIRTHPLACE (State or foreign country) <u>MO.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STEAMFITTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>		11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>MELVIN GUNN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel GUNN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>WORLD WAR I</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Gunn</u>			
17. ADDRESS <u>5568 Wells</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>				III. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H2O</u>				22. I hereby certify that I attended the deceased from <u>8/15/50</u> , 19 <u>50</u> , to <u>8/28/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8/28/50</u> , 19 <u>50</u> , and that death occurred at <u>7:00 PM</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Gary B. Wood M.D.</u>		23b. ADDRESS <u>1515 LAFAYETTE AVE.</u>		23c. DATE SIGNED <u>8/29/50</u>			
24a. RITUAL CREMATION REMOVAL (Specify)		24b. DATE <u>Sept 1, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glenn Carbon, Ill</u>		24d. LOCATION (City, town, or county) (State) <u>Glenn Carbon, Ill</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 30 1950</u>		REGISTRAR'S SIGNATURE <u>J. H. Hasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Hasater</u>			
ADDRESS <u>2849 No. Euclid</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 6 1951

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

Robert L. Drinkwater

Signed.....
Student Embalmer

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.