

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

4294

State File No. ....

XC 5 744 469

R.# 105 560

BIRTH NO. FILED JAN 31 1953

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 0169

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. LOUIS</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>JEFFERSON/BARRACKS, MO.</b> )   |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>  |  |
| c. LENGTH OF STAY (in this place) <b>100 days</b>   |  | 2239   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b> |  | d. STREET ADDRESS (If rural, give location) <b>1610 MISSISSIPPI AVENUE</b>   |  |

|                                     |                        |                       |                       |  |
|-------------------------------------|------------------------|-----------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>CARL</b> | b. (Middle) <b>W.</b> | c. (Last) <b>GUNN</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>1-15-53</b> |
|-------------------------------------|------------------------|-----------------------|-----------------------|--|

|                    |                               |   |                                 |   |                        |                             |
|--------------------|-------------------------------|---|---------------------------------|---|------------------------|-----------------------------|
| 5. SEX <b>MALE</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>3-10-10</b> | 9. AGE (In years last birthday) <b>42</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|---------------------------------|---|------------------------|-----------------------------|

|  |   |  |   |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>RESTAURANT</b> | 11. BIRTHPLACE (State or foreign country) <b>DELLSOLEN, MISSOURI</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|--|---|--|---|

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|---|--|---|
| 13a. FATHER'S NAME <b>MAURICE H. GUNN</b> | 13b. MOTHER'S MAIDEN NAME <b>BRIDGET KELLY</b> | 14. NAME OF HUSBAND OR WIFE <b>MARY JANE GUNN</b> |
|---|--|---|

|  |  |  |  |         |
|--|--|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> | (If yes, give war or dates of service) <b>WWII</b> | 16. SOCIAL SECURITY NO. <b>487 185 734</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BKS, MO.</b> | ADDRESS |
|--|--|--|--|---------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MALIGNANT MELANOMA WITH WIDE SPREAD METASTASES</b>             |  | INTERVAL BETWEEN ONSET AND DEATH <b>UNK.</b> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  |  |
|   | DUE TO (b) _____<br>DUE TO (c) _____   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <b>190X</b><br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b> | 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) <b>VA</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from **10-7-52**, 19 **10-7-52**, to **1-15-53**, 19 **1-15-53**, and that death occurred at **2:30P** m., from the causes and on the date stated above.

|  |   |                                 |
|--|---|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>J. T. Kamluskas M.D.</b> | 23b. ADDRESS <b>VA HOSPITAL, JEFF. BKS, MO.</b> | 23c. DATE SIGNED <b>1/16/53</b> |
|--|---|---------------------------------|

|  |                          |   |  |
|--|--------------------------|---|--|
| 24a. BURIAL OR CREMATION REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>1-29-53</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>National Cem.</b> | 24d. LOCATION (City, town, or county) (State) <b>Jeff. Barracks, Mo.</b> |
|--|--------------------------|---|--|

|   |  |   |  |
|---|--|---|--|
| DATE REC'D BY LOCAL REG. <b>1-14-53</b> | REGISTRAR'S SIGNATURE <b>Herbert R. Douché</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Herbert R. Douché</b> | ADDRESS <b>SOUTHERN FUNERAL HOME 6822 S. GRAND BLVD. ST. LOUIS 21, MO.</b> |
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WRITE PLAINLY—USING UNFAADING 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 *David Paul Fossan*

Signed.....  
Student Embalmer

Licensed Embalmer No. *42902*

P. O. Address *6322 S. 1st St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.