

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13500**  
**3627**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____													
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b>				b. COUNTY _____											
b. CITY OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>													
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4716 SIGEL</b>				e. STREET ADDRESS (If rural, give location) <b>2 4716 SIGEL</b>				<b>2029 0</b>											
3. NAME OF DECEASED (Type or Print) <b>WILLIAM J. GUND</b>			a. (First) <b>WILLIAM</b>			b. (Middle) <b>J.</b>			c. (Last) <b>GUND</b>			4. DATE OF DEATH <b>APRIL 19 '54</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>NOV-9-1884</b>		9. AGE (In years if under 1 year last birthday) <b>69</b>		Months _____		Days _____		10. HOURS _____		11. MIN. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WAITER</b>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>							
13a. FATHER'S NAME <b>Unk.</b>				13b. MOTHER'S MAIDEN NAME <b>Unk.</b>				14. NAME OF HUSBAND OR WIFE <b>ALEEN</b>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>				16. SOCIAL SECURITY NO. <b>492-10-1745</b>				17. INFORMANT'S SIGNATURE OR NAME <b>ALEEN GUND</b>				ADDRESS <b>4716 SIGEL</b>							
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) <b>ADENOCARCINOMA TO SIS</b>																			
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.												ANTECEDENT CAUSES							
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.												DUE TO (b) <b>ADENOCARCINOMA OF STOMACH</b>							
												DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS												Conditions contributing to the death but not related to the disease or condition causing death. <b>NONE</b>							
19a. DATE OF OPERATION <b>9/19/53</b>				19b. MAJOR FINDINGS OF OPERATION <b>ABDOMINAL ADENOCARCINOMATOSIS</b>								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) <b>151X</b>											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				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 <b>9/7/53</b> , 19____, to <b>4/19/54</b> , 19____, that I last saw the deceased alive on <b>4/19/54</b> , 19____, and that death occurred at <b>11:25 P.</b> m., from the causes and on the date stated above.																			
23a. SIGNATURE (Degree or title) <b>Victor B. Keffer, M.D.</b>												23b. ADDRESS <b>4500 OLIVE ST., ST. LOUIS, MO</b>				23c. DATE SIGNED <b>4/29/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>				24b. DATE <b>4-22-1954</b>				24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews</b>				24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>							
DATE REC'D BY LOCAL REG. <b>APR 22 1954</b>				REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. A. FIGHTLIN</b>				ADDRESS <b>FUNERAL HOME, INC. 2801 Lafayette St. Louis, Mo.</b>							

(Licensed Embalmer's Statement on Reverse Side)

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

7915

**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 ..... Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *A. G. Farris*.....

Licensed Embalmer No. *330*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.