

REC'D OCT 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 35418  
Registrar's No. 8692

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 8-wks		e. STREET ADDRESS (If rural, give location) 26 1817 Cass Ave. 22690			
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) c. (Last) Gunning			4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1954		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Mar. 26, 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR 5 Days 27 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Property Clerk, Police Dept.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ireland	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Francis Gunning		13b. MOTHER'S MAIDEN NAME Mary Farrell		14. NAME OF HUSBAND OR WIFE Elizabeth Gunning	
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 ADDRESS Mr. Thomas Gunning, 4232 Linton Ave.	

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>Carcinoma of Lung</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Metastasis to Liver</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchitis</u>				INTERVAL BETWEEN ONSET AND DEATH 6 mos	
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19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none 163x			

22. I hereby certify that I attended the deceased from 6-16, 1954, to 9-23, 1954, that I last saw the deceased alive on 9-22, 1954, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE M. Staeble		(Degree or title) M.D.		23b. ADDRESS 7124 Natural Bridge		23c. DATE SIGNED 9-23-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 27, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, & county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL REG. SEP 23 1954		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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 *[Signature]*..... Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *[Signature]*.....  
Licensed Embalmer No. 469  
P. O. Address 2840.....

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.