

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38792

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9860

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) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2029	
c. LENGTH OF STAY (in this place) 4 wks.		d. STREET ADDRESS (If rural, give location) 6719 Parkwood Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		2	
3. NAME OF DECEASED (Type or Print) a. (First) Ottilia		b. (Middle) Gunnerson	
c. (Last) Gunnerson		4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 28, 1881
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hand Sewing	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hand Sewing		10b. KIND OF BUSINESS OR INDUSTRY Alligator Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Rath		13b. MOTHER'S MAIDEN NAME Christina Ernst	
13c. FATHER'S NAME William Rath		14. NAME OF HUSBAND OR WIFE Frank Gunnerson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-26-6395A	
17. INFORMANT'S SIGNATURE OR NAME George Zapf		ADDRESS 6719 Parkwood Pl.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> INTERVAL BETWEEN ONSET AND DEATH <u>24h.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma head pancreas 1 1/2 mos.</u> DUE TO (c) <u>Cirrhosis liver</u> 1 1/2 mos. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 7/19/54		19b. MAJOR FINDINGS OF OPERATION ① carcinoma head pancreas ② biliary obstruct	
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 6-28, 1954, to 10-29, 1954, that I last saw the deceased alive on 10-29, 1954, and that death occurred at 1:20 Pm., from the causes and on the date stated above.			
23a. SIGNATURE Eugene A Vogel M.D.		23b. ADDRESS 3325 S Grand	
23c. DATE SIGNED 10/30/54			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE Nov. 1, 1954	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. NOV 1 1954		REGISTRAR'S SIGNATURE Charles M. Wacker - Hellerle - 3634 Gravois Ave	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

**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 .....  
Student Embalmer

Signed Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address Lawrence

**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.