

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

8077

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 3626 Cote Brillant St. Ward)

File No. 2449
 Registered No. 2449

2. FULL NAME

Anna Gunn
 (a) Residence. No. 3626 Cote Brillant St. 11 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Charles Gunn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 2-1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 5 20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) at Home
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Ireland

10. NAME OF FATHER Robert Collins

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Ireland

14. INFORMANT Mr. Catherine Donovan
 (Address) 3626 Cote Brillant

15. FILED 24 1931 Miss Cotnam
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 1931

17. I HEREBY CERTIFY That I attended deceased from July 18 1931 to Feb 21 1931 and that death occurred, on the date stated above, at 2:45 p.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
131 Pneumonia

11 A (Pneumonia & pleurisy)

CONTRIBUTORY (SECONDARY) Chronic valvular atherosclerosis

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH (1)

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No

WHICH TEST CONFIRMED DIAGNOSIS? Phys. Exam
 (Signed) J. H. B. [Signature], M. D.
 (Address) University Club Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Feb 25 1931

20. UNDERTAKER Cullinan Bros 1710 1/2 Grand St
 ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

University Club Bldg.

JE 7675