

REC'D MAY 10 1938

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

12854

Do not use this space.

1. PLACE OF DEATH

(a) County ~~St. Louis~~
 (b) Township
 (c) City St. Louis, Mo.
 (e) Length of residence in city or town where death occurred

Registration District No. 791
 Primary Registration District No. 1003
 (d) Street No. 5124 Cabanne
 (If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 3458

2. PRINT FULL NAME

Edward J. Gurney 650
 (a) Residence, No. 5124 Cabanne St. 12
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlotte Gurney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 2 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil rt.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville Ill.13. NAME Cornelius Gurney14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England15. MAIDEN NAME Bridget Morrisey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Charlotte Gurney
5124 Cabanne18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 4/13/3819. FUNERAL DIRECTOR (ADDRESS) Edith E. Ambruster
4234 Manchester20. FILED APR 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/10/38 193822. I HEREBY CERTIFY, That I attended deceased from 4-24-37, 1937, to 4-10, 1938.I last saw him alive on 4-10, 1938 Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

myocarditis, chr. Date of onset 4-24-37

Other contributory causes of importance:

Pulmonary edema resulting from heart failure

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Harford Phillips, M. D.(Address) 1117 N. Wood

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.

STATEMENT BY LICENSED EMBALMER

I, **Florenz Eynck**

Licensed Embalmer No. **1284**

hereby certify that the body recorded on the reverse side of this certificate was embalmed by **ME**

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Florenz Eynck

Licensed Embalmer No. **1284**

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.)