

DEC 12 1938

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

37701
Do not use this space.

1. PLACE OF DEATH

(a) County..... 1 Registration District No. 791
(b) Township..... 2 Primary Registration District No. 1003
(c) City St. Louis (d) Street No. Barnes Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 10028

2. PRINT FULL NAME Robert L. Gunn

(a) Residence, No. St. Granite City, Ill.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6-1938

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

22. I HEREBY CERTIFY, That I attended deceased from 10-12-1938 to 11-6-1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4, 1887

I last saw him alive on 11-6-1938 Death is said to have occurred on the date stated above, at 5:20 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 1 2

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steel Worker
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) Oct 1937
11. Total time (years) spent in this occupation 36 1/2

CARCINOMA OF RECTUM
PERITONITIS (GENERALIZED) - Post OPERATIVE
WOUND INFECTION
Date of onset 1937?
11-3-38
11-3-38

12. BIRTHPLACE (CITY OR TOWN) Jacksonville
(STATE OR COUNTRY) Ill.

Other contributory causes of importance:

FATHER
13. NAME Robert H. Gunn

Name of operation: Abdominal PERINEAL RESECTION OF RECTUM Date of 11-3-38

14. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

What test confirmed diagnosis? Biopsy Was there an autopsy? YES

MOTHER
15. MAIDEN NAME Olive Ainsworth

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

16. BIRTHPLACE (CITY OR TOWN) Jacksonville
(STATE OR COUNTRY) Ill.

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

17. INFORMANT (ADDRESS) Robert H. Gunn
2337 Lincoln St.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison Ill DATE Nov 9 38

Manner of injury Nature of injury

19. FUNERAL DIRECTOR (NAME) Maher Funeral Home
(ADDRESS) Madison Ill

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

20. FILED NOV 21 1938 J. Bredeck Local Registrar

(Signed) Frank McJannet M.D.
(Address) Barnes Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10028

10028

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

Registered Apprentice No....., working under my personal supervision.

Signed John Netter
Licensed Embalmer No. 3880

P. O. Address.....

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, above space should be left blank.