

Registration District No. **701**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1003**  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3504 Utah**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community **Life**  
years, months or days)

3. (a) PRINT FULL NAME **Emma Gunnels**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (c) Age of husband or wife if alive **83** years  
7. Birth date of deceased **December 24, 1862**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>9</b>	<b>6</b>	hr. _____ min. _____

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Home**

11. Industry or business \_\_\_\_\_  
12. Name **Weber**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Emma Gunnels**  
(b) Address **3504a Utah**  
17. (a) **Burial** (b) Date thereof **10/3/39**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Sunset**

18. (a) Signature of funeral director **Walter Weber**  
(b) Address **2330 S. Broadway**  
19. (a) **OCT 2 1939** (b) **J. B. Backus**  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **1**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**  
(d) Street No. **3504 Utah** (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **30**  
year **1939** hour **9** minute **25** a. m. M.

21. I hereby certify that I attended the deceased from **March 18th 1938** to **Sept 30th 1939**  
that I last saw her alive on **Sept 30th 1939**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Myocardial chronic**  
**Hydropny**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **Frederick M. D. [Signature]**  
Address **224 Russell St. St. Louis Mo 30th** Date signed **Sept**

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Robert C. Wheeler*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Robert C. Wheeler*

Licensed Embalmer No. *2178*

P. O. Address. *St. Louis*

**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.**