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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33126

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1840

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town NORMANDY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O'SULLIVAN NURSING HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months 3
(Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town PINE LAWN
(If outside city or town limits, write "RURAL")
(d) Street No. 3711 MANOVA
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1940 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from Aug 7 - 1940
_____ 1940 to Sept 27 1940
that I last saw her alive on Sept 27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration not known
Chronic Endocarditis
myocardial degeneration
Due to General Atherosclerosis " " "
Due to 92 " " "
Other conditions Emphysema, Pulmonary Edema
(Include pregnancy within 3 months of death)
Hypertension: Curious of Spinal Cord

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Belle Gunkel

3. (b) If veteran, name war 111111 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 1 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Virginia (City, town, or county) (State or foreign country)

10. Usual occupation nil 9

11. Industry or business _____ 9

12. Name Do not know 9

13. Birthplace Do not know (City, town, or county) (State or foreign country)

14. Maiden name Do not know

15. Birthplace Do not know (City, town, or county) (State or foreign country)

16. (a) Informant Eugene Gunkel

(b) Address Pine Lawn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 1, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director ORTMANN FUNERAL HOME

(b) Address 9222 Lockland Overland mo

19. (a) Oct 1, 1940 (Date received local registrar) (b) T. R. Meyer, M.D. (Registrar's signature)

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? _____

23. Signature C. Y. Salerno (M. D. or other) DO
Address 7522 Nat. Burg. Rd. 7er mo. Date signed Sept 27, 1940

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

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 Al C. Ortman

Licensed Embalmer No. 3478

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.