

12-40  
17-39  
X23153

JAN 15 1941 791

1003

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town 1614 Texas Ave.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, Mo 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1614 Texas Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Marvel I Sunshine

3. (b) If veteran, name war: None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Aug 2 1917  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
23 4 7 hr. \_\_\_\_\_ min. 0

9. Birthplace: St. Louis, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business None

MOTHER FATHER { 12. Name Wm. Sunshine 0

13. Birthplace Louisiana (City, town, or county) (State or foreign country)

14. Maiden name Alvena Gieselman

15. Birthplace St. Louis, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Sunshine

(b) Address 1614 - Texas

17. (a) Burial (b) Date thereof 12-12-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2317 - Lafayette

19. (a) DEC 12 1940 (b) J. H. Bredekamp  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9<sup>th</sup>  
year 1940 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 12-6- 1940, to 12-9- 1940

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis acute  
Chronic Nephritis (acute)  
Due to \_\_\_\_\_

Duration 1 wk  
4 months

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 131

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 J. H. Bredekamp (M. D. or other) \_\_\_\_\_

Address 3532 Washington Date signed 12/10/40

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**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 *L.R. Cozart*.....

Licensed Embalmer No. *3683*.....

P. O. Address *2317 Lafayette*.....

**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, fact should be so stated above.**