

Registration District No. 9911

Primary Registration District No. 1003

Registrar's No. 2797

1. PLACE OF DEATH:

(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:
2901 A CHOATEAU AV.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____ /
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2901 A CHOATEAU AV.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KATE GUNN

3. (b) If veteran, name war NO
3. (c) Social Security No. NO.

4. Sex FEMALE 5. Color or race WHITE
6. (a) SINGLE, WIDOWED, MARRIED, DIVORCED, WIDOW
6. (b) Name of husband or wife JAMES J. GUNN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased SEPTEMBER 25 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 2
If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

12. Name THOMAS BUCKLEY

13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

14. Maiden name ANN CORRIGAN

15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Downey

(b) Address 7315 Norfolk av

17. (a) BURIAL (b) Date thereof MARCH 31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette St, St. Louis

19. (a) MAR 29 1941 (b) D. J. Redek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1941 hour 6 minute 3' P. M.

21. I hereby certify that I attended the deceased from Jan 1940
to March 27 1941
that I last saw her alive on March 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coriary Sclerolation
chronic myocarditis

Due to _____

Due to _____

Other conditions Quintuplerton
(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) no

(b) Date of occurrence March - 27 - 1941

(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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Wm T. Dear (M. D. or other)

Address 457 N. Kingshighway Date signed March 27

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

2797

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.....

Jose B. Rollma

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave.*

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.