S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12667

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3440

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louiss
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5209a Palm Str. 1
(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. Lou is 617
(If outside city or town limits, write "RURAL")

(d) Street No. 5209a Palm Str. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Joseph F. Gunn

3. (b) If veteran, name war Spanish Am. War

3. (c) Social Security No. 489-28-0678

4. Sex Male 6

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Jessie Allen Gunn.

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. 25. 1876 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	3	20	hr. min.

9. Birthplace St. Louis, Missouri 6 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Heating Contractor

11. Industry or business

FATHER
12. Name Peter Gunn
13. Birthplace 4 Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Ludlam
15. Birthplace 6 Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Donald Gunn
(b) Address 5209a Palm Str

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [signature]
(b) Address 2117 E. Grand Blvd.

19. (a) APR 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1942 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from March 9, 1942, to Apr. 15, 1942; that I last saw him alive on Apr. 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	not known
Due to: cause unknown	
Due to: 13	
Other conditions: 23 Pulm. Tuberculosis (Include pregnancy within 3 months of death)	not known

Major findings:
Of operations None
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Lawrence Schlunker (M. D. or other) M.D.
Address 3515 S. Grand Date signed 4/15/42

(Licensed Embalmer's Statement on Reverse Side)

3515 S Frank Schlember

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. Frank G. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Gra

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.