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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 30 1945

M. 9.

State File No. 24974

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1853

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jafferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 days (Specify whether
In this community 48 years 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. 6215 Bowman 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME GUNN, Clifford B.

3. (b) If veteran, name war World I.

3. (c) Social Security No. 494 10 1977

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Margaret E. Gunn

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased September (Month) 15 (Day) 1895 (Year)

8. AGE: Years 49 Months 10 Days 7 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Machanic

11. Industry or business --

FATHER
12. Name Burrel Gunn
13. Birthplace Ft. Worth (City, town, or county) Texas 1 (State or foreign country)

MOTHER
14. Maiden name Margaret E. Orr
15. Birthplace Sparta (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Fac.,
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul 25, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem. Jeff. Brrks

18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois, St. Louis, Mo.

19. (a) 7-25-45 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1945 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from May 28, 1945, to July 22, 1945; that I last saw him alive on July 22, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL ARTERIOSCLEROSIS WITH THROMBOSIS. 83.4 — Duration 31 days

Due to --

Due to --

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

Major findings:
Of operations No operation

Of autopsy No 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

(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 E. V. EDWARDS, LT. COL., (M. D. or other) M.C., Clinical Director.
Address Vet. Adm. Fac., Jeff. Brks., Mo Date signed 7/23/45

(Licensed Embalmer's Statement on Reverse Side)

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Gravois

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.