

Registration District No. **312**

Primary Registration District No. **3070**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 509 Duke Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Rural North St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 509 Duke Ave
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE SUNN

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

4. Sex MALE

5. Color or race YELLOW

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife UNKNOWN

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

7. Birth date of deceased JULY 17 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace SAN FRANCISCO, CALIF
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER { 12. Name UNKNOWN

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

14. Maiden name UNKNOWN

15. Birthplace SANFRAN CALIF
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Sunn

(b) Address 3829 Lafayette Ave.

17. (a) Burial (b) Date thereof 11-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director John P. Collins & Bro.

(b) Address 328 W. Grand Blvd.

19. (a) 11-20-45 (b) E. H. W. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1945 hour 2 minute 14 M.

21. I hereby certify that I attended the deceased from Nov 15, 1945 to Nov 18, 1945 that I last saw him alive on Nov 18, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 4dc Duration _____

Due to _____

Due to _____

Other conditions (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) _____

(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 Carl E. ... (M. D. or other) MD

Address W. ... Date signed Nov 19

PA
1951

108
1951

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 Robert W. Kaysre

Licensed Embalmer No. 1861

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, fact should be so stated above.