

FILED MAR 3 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1707**

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
6060 Potomac St. /
(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)

3. (a) PRINT FULL NAME Leo J. Gunn

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Theresa

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 15 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 11 3 hr. min.

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

10. Usual occupation Sup't.

11. Industry or business Standard Oil Co.

MOTHER FATHER { 12. Name Wm. Gunn

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

{ 14. Maiden name Mary Kickham

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

16. (a) Informant Theresa Gunn

(b) Address 6060 Potomac St.

17. (a) Burial (b) Date thereof 2 20 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) FEB 18 1947 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 6060 Potomac St.
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th
year 1947 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 1, 1947
to Feb. 18, 1947

that I last saw him alive on Feb. 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Character Heart Failure

Due to Coronary Hypertension

Due to Heart Failure

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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)

Means of injury.....

23. Signature J. F. Brudeck (M. D. or other) M.D.

Address 4228 So. Kingshighway Bl. Date signed 2/18/47

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.