S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35784

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9939

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 1813a Cass Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1813a Cass Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth M. Gunning

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife Thomas Gunning

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 10th., 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 15 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Walter Meno
13. Birthplace France 5
(City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Annie Thomas
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Gunning
(b) Address 1813a Cass Ave.

17. (a) Burial (b) Date thereof 10-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) OCT 28 1947 (b) J. F. Bradick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25th.,
year 1947 hour 9 minute 50 p. M.

21. I hereby certify that I attended the deceased from Jan 20, 1947, 19, to Oct. 25 1947
that I last saw her alive on Oct. 25 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute Paradise Decompensation	2 wk
Due to Hypertensive Cardio Vascular Heart Disease	2 yrs
Due to Cerebral Vascular Occlusion	1 wk
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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

23. Signature S. J. Crapeiah MD (M. D. or other)

Address 1901 Madison St Date signed 10-27-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. [redacted]lak
1901 Madison St. Ce.8898

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.