

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008697-
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1941

DO NOT WRITE ON THIS STUB
AMENDED

VS 300 Rev. 4/59
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

FILED FEB 28 1963

| | | | | | |
|---|----------------------------------|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS MO</u> | | Length of stay in 1b | | c. CITY OR TOWN <u>St. Louis</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSP. #1</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>4110 McPherson Ave.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>B.</u> Last <u>GUNN</u> | | | 4. DATE OF DEATH Month <u>FEB.</u> Day <u>19</u> Year <u>1963</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6/8/1876</u> | 9. AGE (last birthday) <u>86</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Factory Worker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u> | | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | | 13a. FATHER'S NAME <u>Calvin Gunn</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Barrett</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>None</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u> | | | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Georgia S. Gunn, 6600 Washington Ave.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> DUE TO (b) <u>Pulmonary Embolism</u> DUE TO (c) <u>420.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>2/21/63</u> to <u>2/19/63</u> and last saw her/him alive on <u>2/19/63</u> Death occurred at <u>7:55p</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Thomas J. Reder M.D.</u> | | | 22b. ADDRESS <u>1515 LAFAYETTE AVE</u> | | 22c. DATE SIGNED <u>2/21/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>2-21-63</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u> | | 23e. STATE <u>Mo.</u> | | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Albert H. Hoppe, Inc., 4700 Washington Blvd.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>FEB 21 1963</u> | | 26. REGISTRAR'S SIGNATURE <u>Coan Smith, M.D.</u> |

REDUCED
 USE BLACK INK
 OR
 TYPEWRITER RIBBON

1101

STATE OF MISSOURI

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin L. Keeney

Licensed Embalmer No. 4052

P. O. Address 4911 Washington
St. Louis, Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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

Missouri State Board of Health