

CERTIFICATE OF DEATH

Registration District No. **317** Primary Registration District No. **541** Registrar's No. **2819**

DO NOT WRITE ON THIS STUB

9. 0  
10a. 73  
10b.  
11. 0  
12. 2  
13. 4339  
14. 4  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20.

VS 300  
Rev. 1/68

4. 4002  
5. 45

6. 4004

**DECEASED**

1. DECEASED—NAME FIRST MIDDLE LAST  
**Albert GURNOW**

2. SEX **MALE**

3. DATE OF DEATH (MONTH, DAY, YEAR)  
**7 18 68**

4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)  
**WHITE**

5. AGE—LAST BIRTHDAY (YEARS) MOS. DAYS  
**73**

6. DATE OF BIRTH (MONTH, DAY, YEAR)  
**11/25/1894**

7. COUNTY OF DEATH  
**ST. LOUIS**

8. CITY, TOWN, OR LOCATION OF DEATH  
**CLAYTON**

9. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)  
**ST LOUIS COUNTY HOSPITAL**

10. INSIDE CITY LIMITS (SPECIFY YES OR NO)  
**YES**

11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)  
**WIDOWED**

12. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

13. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)  
**MISSOURI U.S.A.**

14. SOCIAL SECURITY NUMBER  
**490-03-6601**

15. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)  
**CUSTODIAN**

16. KIND OF BUSINESS OR INDUSTRY  
**SCHOOL**

17. RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION  
**MISSOURI ST. LOUIS MAPLEWOOD**

18. INSIDE CITY LIMITS (SPECIFY YES OR NO)  
**YES**

19. STREET AND NUMBER  
**7449 FLORA**

**PARENTS**

15. FATHER—NAME FIRST MIDDLE LAST  
**HENRY GURNOW**

16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST  
**UNKNOWN**

17. INFORMANT—NAME  
**JEAN CLARK**

18. MAILING ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP)  
**524 ST PAUL CAHOKIA 62206 ILL**

**CAUSE**

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18. IMMEDIATE CAUSE

(a) **Cerebrovascular thrombosis; stenosis**

(b) **Poisoning**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

**CERTIFIER**

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)

DATE OF INJURY (MONTH, DAY, YEAR)

HOUR

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

INJURY AT WORK (SPECIFY YES OR NO)

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)

LOCATION (STREET OR P.O. NO., CITY OR TOWN, STATE)

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM **6 15 68** TO **7 18 68** AND LAST SAW HIM/HER ALIVE ON **7 18 68** I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. **6:15 PM**

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

CERTIFIER—NAME (TYPE OR PRINT)  
**H. O. Pineda M.D.**

SIGNATURE  
**H. O. Pineda**

DEGREE OR TITLE  
**dr.**

DATE SIGNED (MONTH, DAY, YEAR)  
**7-20-68**

MAILING ADDRESS—CERTIFIER  
**601 So. Brentwood Clayton Mo. 63105**

**BURIAL**

BURIAL, CREMATION, REMOVAL (SPECIFY)  
**BURIAL**

CEMETERY OR CREMATORY—NAME  
**LAUREL HILL CEM**

LOCATION CITY OR TOWN STATE  
**ST. LOUIS COUNTY MO**

DATE (MONTH, DAY, YEAR)  
**7/22/1968**

FUNERAL HOME—NAME AND ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP)  
**STOCK MORTUARY 9825 HALLSFERRY RD ST. LOUIS 63136 MO**

FUNERAL DIRECTOR—SIGNATURE  
**Ludman**

REGISTRAR—SIGNATURE  
**John M. Murphy**

DATE RECEIVED BY LOCAL REGISTRAR  
**JUL 20 1968**

Type or print in PERMANENT BLACK INK. See handbook for instructions.

**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 V. Morris

Licensed Embalmer No. 3360

P. O. Address. 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.