

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis
 Township St. F.
 City St. Louis (No. 5707, Cote Brilliant Ave. St. 6 Ward)

Registration District No. 791
 Primary Registration District No. 1003

File No. 2758
 Registered No. 195

2. FULL NAME

Harold Guentert
 (a) Residence No. 5707 Cote Brilliant St. 6 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 18, 1903</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>26</u>	<u>2</u>	<u>16</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Invalid
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Eli Guentert
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Switzerland
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Barbara Hauch
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Genevieve
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Barbara Guentert
 (Address) 5707 Cote Brilliant

15. FILED JAN -7 1930
 REGISTRAR Max E. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1930
 17. I HEREBY CERTIFY, That I attended deceased from Dec 19 1929 to Jan 4 1930 that I last saw live alive on Jan 4 1930 and that death occurred, on the date stated above, at 8:45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inhibiting Circulation cause unknown
131
122B (duration) yrs. mos. one ds.

CONTRIBUTORY Reflexes Chronic
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. A. Fisher, M. D.
 19 (Address) 5707 Easton Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Jan 7 1930
 20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5966 Easton Ave

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten text, possibly a name or title, partially obscured by a horizontal line.

7843696