

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

Do not use this space.

16607

**1. PLACE OF DEATH**

County.....

Registration District No. **701**

File No. ....

Township.....

Primary Registration District No. **1000**

Registered No. **5130**

City **St. Louis** (No. **0**)

**3722 Bamberger Ave** St. .... Ward

**2. FULL NAME**

(a) Residence. No. **3722 Bamberger Ave** Ward. **16**

(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Alvina Guenther**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 29, 1853**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	77	3	29	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

10. NAME OF FATHER **Unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT **Alvina Guenther**  
(Address) **3722 Bamberger Ave**

15. FILED: **23** 19 **1931** **W. C. Taylor** REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Apr 28** 19**31**

17. I HEREBY CERTIFY, That I attended deceased from **March 10, 1931** to **April 28, 1931**, and that I last saw him alive on **April 28, 1931**, and that death occurred, on the date stated above, at **9 A. M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Senility**  
**Chronic Myocarditis**  
**93C** (duration) yrs. mos. ds.  
**162**  
CONTRIBUTORY (SECONDARY) **93C** (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF **none**

20. WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **S. H. Hains** M. D.  
19 (Address) **So. Side (Bell or Kelly)**

\*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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL **Missouri Crematory** DATE OF BURIAL **Apr 30 1931**

22. UNDERTAKER **Wacker, Helderle** ADDRESS **2331 S. Blevins**

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.

