

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 7511
Township..... Primary Registration District No. 30033
City St. Louis (No. 6970 Baueroth Seacross St. _____ Ward)

File No. _____
Registered No. 1483

2. FULL NAME Julia Guntor

(a) Residence, No. 6970 Baueroth St., 3 Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Guntor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) January 29-1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN): Leas Co (STATE OR COUNTRY) Missouri

13. NAME John Kirk

14. BIRTHPLACE (CITY OR TOWN): Unknown (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Kern

16. BIRTHPLACE (CITY OR TOWN): Unknown (STATE OR COUNTRY)

17. INFORMANT Gladys W Turner (ADDRESS) 6970 Baueroth av

18. BURIAL, CREMATION, OR REMOVAL PLACE New百合 DATE Feb 13 33

19. UNDERTAKER Henry K. Wendemann (ADDRESS) 6203 Grand

20. FILED FEB 13 1933 Max C. Standen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1933, to Feb 9th, 1933. I last saw her alive on Feb 9th, 1933. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia Date of onset Jan 20th 1933
107A
107A

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Paul Grossman, M. D.
(Address) 3500 Lambert
St. Louis, Mo.

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.

