JAN 23 1936

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

Do not use this space.

39470

File No. .....

Registered No. 3088

1. PLACE OF DEATH

County JACKSON Registration District No. 399

Township K-AW Primary Registration District No. 1002

City KANSAS CITY (No. LAKESIDE HOSPITAL St. ..... Ward)

2. FULL NAME ERNEST GUENTAL

(a) Residence, No. 5912 COLLEGE St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 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): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. AMELIA GUENTAL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 28. 1861

7. AGE: YEARS 74 MONTHS 10 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MISSOURI PACIFIC R.R.

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) PARIS (STATE OR COUNTRY) FRANCE

FATHER

13. NAME JOHN J. GUENTAL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANCE

MOTHER

15. MAIDEN NAME JULIA DU PRE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANCE

17. INFORMANT MR. LEROY E. CAMPBELL (ADDRESS) 5912 CAMPBELL

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE DECEMBER-5 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 12/4 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER-3. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19th, 1935, to 12-3-, 1935

I last saw him alive on Oct 19-, 1935 Death is said to have occurred on the date stated above, at 1:30 A.m.

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

	Date of onset
Chronic Myocarditis (Terminal)	years
Other contributory causes of importance: Chronic Interstitial Nephritis	years

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) H. C. Gosteopolt M.D.

(Address) 612 Elsmere Bldg. K.C. Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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612 Chambers Bldg.
11-6