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.

REC'D JUL 12 1938

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

20155
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 5294

(c) City St. Louis (d) Street No. 2309 N. Union Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Christina Gunther 536

(a) Residence, No. 2309 N. Union Blvd. St. 6
(Usual place of abode, if no street address, write county or city) (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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George Gunther

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 12, 1864

7. AGE: YEARS 73 MONTHS 5 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills.

FATHER
13. NAME: Frank Huber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills.

MOTHER
15. MAIDEN NAME: Elizabeth Strutz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills.

17. INFORMANT (ADDRESS): Mr. George Gunther 2309 Union Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE June 13, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Arthur J. Donnelly 3840 Lindell Blvd.

20. FILED JUN 10 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 —, 1938, to June 10 —, 1938
I last saw her alive on June 9 —, 1938. Death is said to have occurred on the date stated above, at 4:45 am.
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency with cardiac failure
Gangrene of Death fat.

Date of onset

Other contributory causes of importance:
Chronic cholecystitis, no stones
Hypertension
Gastritis - Senility

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) J. P. Murphy, M. D.
(Address) 2616 N. Kingshighway Ave. City.

(Licensed Embalmer's Statement on Reverse Side)

1-4 Ra

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.