

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

38162

Registrar's No.

10001

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

1008

(a) County St. Louis, Mo.
(b) City or town St. Louis, MO.
(c) Name of hospital or institution: City Infirmary Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution July 14, 1932.
(Specify whether years, months or days) 27 years.

In this community 27 years.
years, months or days

3. (a) PRINT FULL NAME Herman Guenther. 536

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 26 1863.
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Germany Foreigner Foreigner
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor. 6

11. Industry or business X

12. Name Frederick Guenther 6

13. Birthplace Germany. 6
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Lusteg 6

15. Birthplace Germany. 6
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Melony

(b) Address 5800 Arsenal St.

17. (a) BURIAL (b) Date thereof 11-23-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALCARE

18. (a) Signature of funeral director William T. Kelly

(b) Address 1416 N. Taylor Ave.

19. (a) NOV 23 1939 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.

(c) City or town St. Louis, MO. 13
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. Foreigner. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 19,
year 1939. hour 11:45 minute a. M.

21. I hereby certify that I attended the deceased from July 14,
1932, 19to November 19, 1939

that I last saw him alive on November 19, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease Duration _____

Due to Arteriosclerosis

Due to Barrymen of Scrotum
Other conditions (Include pregnancy within 3 months of death)
Distal Arteriosclerosis

PHYSICIAN
Major findings: Of operations
Underline the cause to which death should be charged statistically

Of autopsy No. Same

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? 1 (Specify type of place) Means of injury _____

23. Signature Dr. S. Byrd (M. D. or other) 2

Address _____ Date signed _____

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.....

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

Signed

Rex C. Campbell

Licensed Embalmer No. *5881 City #1*

P. O. Address *St. Louis, Mo.*

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

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