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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12446

FILED APR 3 1940

Registration District No. 784

Primary Registration District No. 115

State File No. _____

Registrar's No. 490

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7352 Kingsbury
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME ⁵³⁶ Harry Carpenter Gontor

(b) If veteran, name war ****

(c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joan C. Gontor

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct. 27 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	4	10	hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Auditor Globe, Democrat

11. Industry or business Newspaper

MOTHER FATHER { 12. Name Charles G. Gontor

13. Birthplace Lancaster, Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Riley
(City, town, or county) (State or foreign country)

15. Birthplace Chambersburg Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joan C. Gontor

(b) Address 7352 Kingsbury, Blvd.

17. (a) Cremation (Burial, cremation, or removal)

(b) Date thereof March 9/40
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd. St. Louis

19. (a) MAR 8 1940 (Date received local registration)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7352 Kingsbury Blvd.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1940 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from 2/1/37
to 3/7/40, 19____; that I last saw him alive on 3/7/40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Terminal broncho-pneumonia

Due to Emphysema Duration 3 days

Due to Chr. Bronchitis Duration 4 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 1070

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

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? _____

707 (Specify type of place)

While at work _____ (a) Meets of injury _____

23. Signature Russell B Grant (M. D. or other) _____

Address 114 N. Taylor Date signed 2/8/40

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

W. C. Taylor
114 N. Taylor
St. Louis, Mo.
828600
12-5-

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.