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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26631

Registration District No. 791

FILED SEP 17 1941

Primary Registration District No. 1003

Registrar's No. 6423

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 67 President St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community !

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 096

(c) City or town ~~St. Louis~~ Clayton R.R. 3 02
(If outside city or town limits, write "RURAL")

(d) Street No. 67 President St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ~~Smauel~~ SAMUEL Lunter (Lantai)

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Elizabeth Lunter

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

7. Birth date of deceased unk (Month) 1886 (Day) (Year)

8. AGE: Years abt. 55 | Months | Days | If less than one day hr. min.

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Junk Collector

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Bucher
(b) Address 3257 Missouri Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 6, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) AUG -6 1941 (Date received local registrar) J. H. Fredrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2 year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (Duration) (Left)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callan M.D. or other

Address Deputy Coroner Date signed 8-6-41

(Licensed Embalmer's Statement on Reverse Side)

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.....NOT EMBALMED.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.