

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1340 Aubert Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
In this community 60 Years

3. (a) PRINT FULL NAME John Guenther

3. (b) If veteran, name was None 3. (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 Anna Guenther nee Kahle 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased February 6, 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>0</u>	<u>7</u>	<u>hr. min.</u>

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

10. Usual occupation Retired

11. Industry or business Furniture business

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Guenther

(b) Address 1340 Aubert Ave

17. (a) Burial (b) Date thereof 2/17/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) (Date received local registrar) FEB 16 1942 (b) J. J. Bredeck  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1340 Aubert Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13  
year 1942 hour 10:35 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 5 1942 to Feb 13 1942  
that I last saw him alive on Feb 13 42 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate  
Duration \_\_\_\_\_

Due to 51  
Due to \_\_\_\_\_  
Other conditions Senility (age 83 yrs)  
(Include pregnancy within 3 months of death)  
Pneumonia (hypostatic)

Major findings: Arterio sclerosis  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. J. Bredeck (M. D. or other) \_\_\_\_\_  
Address 3115 80th place Date signed 2/16/42

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**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 William G. Buchholz  
Licensed Embalmer No. 2110  
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, fact should be so stated above.**