

FILED NOV 6 1942 318  
Registration District No.

Primary Registration District No. **1003**

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

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:  
**Jewish Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **2 Weeks**  
(Specify whether  
In this community  
years, months or days)

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..... **737 Limit**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **ROSE HAFFNER GUNTHER**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** / Color or race **White** / 5. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife..... **Max Gunther** 6. (c) Age of husband or wife if alive..... **52** years  
7. Birth date of deceased..... **Feb. 4 1893**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**49** **8** **24** hr. min.

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

10. Usual occupation **At Home**

MOTHER FATHER 11. Industry or business.....

12. Name..... **William Haffner**  
13. Birthplace..... **Hungary**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Anna Levi**  
15. Birthplace..... **Poland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Max Gunther**  
(b) Address **737 Limit**  
17. (a) **Burial** (b) Date thereof **10-30-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **CHEVRAH KADISHA CEM.**

18. (a) Signature of funeral director **H. Rindskopf**  
(b) Address **5216 Delmar**

19. (a) **OCT 29 1942** (b) **J. J. Brudeck**  
(Date received legal notice) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **28**  
year **1942** hour **11.15** minute **A.** M.

21. I hereby certify that I attended the deceased from **October 11th.** 19**42** to **October 28th.** 19**42**  
that I last saw h. er alive on **October 28th.** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Perforated duodenal ulcer** Duration **3 week**  
Due to **Pneumonia bronchial** **7 days**  
**Peritonitis**  
Other conditions.....  
(Include pregnancy within 5 months of death)

Major findings: **Perforated Duodenal ulcer**  
Of operations **Flux in abdomen**  
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 **S. S. Lewis** (M. D. or other)  
Address **4487 Washington St.** Date signed **Oct 29 1942**

**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..... *C. W. Cooper*.....  
Licensed Embalmer No. *3830*.....  
P. O. Address *5216 Delmar*.....

**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.**