S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 26694

Registration District No. 818 — Primary Registration District No. — Registrar's No. 7547

**1. PLACE OF DEATH:**

(a) County

(b) City or town ST LOUIS MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MISSOURI PACIFIC HOSP. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY. (Specify whether

In this community 1 DAY years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 997

(a) State CALIFORNIA (b) County 2

(c) City or town SAN DIEGO CALF. (If outside city or town limits, write "RURAL")

(d) Street No. 734 - 15th STREET (If rural, give location)

N.R

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

If yes, name country 2

3. (a) PRINT FULL NAME ~~IRENE~~ IRENE GUNTHER

3. (b) If veteran, name war — — — —

3. (c) Social Security No. — — — —

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or ~~wife~~ FRED GUNTHER

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

7. Birth date of deceased APRIL (Month) 6 (Day) 1891 (Year)

8. AGE: Years 52 Months 4 Days 15 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name CHARLES BURGDORF
13. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name MALISS FINK.
15. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant Ralph Burgdorf

(b) Address 1155 Howell St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 24-1943 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ SAN DIEGO CALF.

18. (a) Signature of funeral director Diedrich F. Home

(b) Address 8319 Halls Ferry Rd.

19. (a) AUG 23 10 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month AUGUST day 21 year 1943 hour 11 minute 20 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 — Duration

Chronic Endocarditis

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 Dr Alfred J Perry 3 (M. D. or other)

Address Deputy Coroner Date signed 5-23-43

(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 Gy W Wilkinson

Licensed Embalmer No. 3575

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.**