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

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1871

1. PLACE OF DEATH:  
 (a) County St. Louis,  
 (b) City or town Jennings  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Mother of Good Counsel Home 4  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 000  
 (c) City or town St. Louis, 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4518 Alaska Ave. 9  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Augusta Guentheil  
 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 Widowed  
 6. (b) Name of husband or wife William F. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 16 1856  
(Month) (Day) (Year)  
 8. AGE: Years 86 Months 9 Days 27  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Austria 4  
(City, town, or county) (State or foreign country)  
 10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
 12. Name Franz Thum  
 13. Birthplace Austria 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Maria Dreithaler  
 15. Birthplace Austria 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Guentheil  
4518 Alaska Ave.  
 (b) Address \_\_\_\_\_  
 17. (a) Burial (b) Date thereof 8/16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Getken - Benz Montenegro  
2842 Morgan St.  
 (b) Address \_\_\_\_\_  
 19. (a) AUG 17 1943 (b) H. McLawry M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13th  
 year 1943 hour 3 minute A. M.  
 21. I hereby certify that I attended the deceased from Aug. 23, 1942, to Aug 13/, 1943  
 that I last saw him alive on Aug 12/, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis agitans cardiovascular renal disease  
general aneurism. Duration 7 yrs.  
 Due to \_\_\_\_\_  
 Due to Pulmonary Congestion myocardial infarct.  
 Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None  
 Underline the cause to which death should be charged statistically.  
Physician  
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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)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Dr. H. B. Dunsmuir (M. D. or other) \_\_\_\_\_  
 Address 3718 Jennings Rd Date signed \_\_\_\_\_

**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.....

*Joe S. Benz*

Licensed Embalmer No. **4249**

**2842 Meramec St.**

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.**