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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19085
Registrar's No. 1195

WED JAN 31 1944
Registration District No. 377

Primary Registration District No. 4463

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Fenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Home Hi I4I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 3 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Fenton
(If outside city or town limits, write "RURAL")
(d) Street No. Hi. I4I
(If rural, give location)
(e) Citizen of foreign country? ---- (Yes or No)
If yes, name country ----- 1)

3. (a) PRINT FULL NAME Theodore Gunter

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jessie Gunter 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Dec 23, 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 5 3 hr. min.

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

10. Usual occupation Water service supervisor

11. Industry or business Mo. Pac R.R.

MOTHER FATHER { 12. Name John Gunter
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Lily Ogle
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Gunter
(b) Address Hi I4I Fenton, Missouri

17. (a) Burial (b) Date thereof May 29, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Fendler Und. Co.
(b) MAY 29 1944 7480 Michigan Avenue

19. (a) _____ (b) E. J. McLauren, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th
year 1944 hour 6: minute 10 A. M.

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

Immediate cause of death Coronary occlusion Duration _____

Due to Arteriosclerosis and hypertension

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? _____

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

23. Signature J. W. Essman (M. D. or other) MD
Address St. Louis County Health Dept Date signed 5/29/44

(Licensed Embalmer's Statement on Reverse Side)

333
/44

MAY 7 1945

JUN 2 1944

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.....

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.

St. Louis, Missouri

To whom it may concern I, the undersigned,
certify that I have embalmed the body of Theodor
Gunter.

Attent of Hoff

No 2971

L. G. Meyer