

FILED JUL 8 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5894

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: Deaconess Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 0 (Specify whether
 In this community 0 years, months or days)

3. (a) PRINT FULL NAME Roberta Ginther

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Paul Ginther 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased July 28 1891
 (Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 1 If less than one day
 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James C. Wilson
 13. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Alice Turner
 15. Birthplace Bethany Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.H. Connelly
 (b) Address Laramie, Wyoming
 17. (a) Removal (b) Date thereof 6-29-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Moberly, Missouri

18. (c) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.
 19. (a) JUN 30 1944 (b) Frederick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
 (c) City or town Ferguson
 (If outside city or town limits, write "RURAL") NR
 (d) Street No. 25 S. Florissant
 (If rural, give location) NR
 (e) Citizen of foreign country? (Yes or No) 0
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
 year 1944 hour 12:25 minute A. M.
 21. I hereby certify that I attended the deceased from June 27, 1944 to June 29, 1944;
 that I last saw h. alive on June 29, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the lower sigmoid colon
 Due to Perforation of carcinoma and general peritonitis
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H/O

Of autopsy Carcinoma of the Colon with perforation & Gen. Peritonitis

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. H. Connelly (M. D. or other)
 Address 607 N. Grand Date signed 6-29-44

Duration

PHYSICIAN

Underline the cause to which death should be charged stat. ally.

John W. Holtz

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

5894

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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.....

Albert G. Hoffer

Licensed Embalmer No..... 2971

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.