

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1944

318

Primary Registration District No.

1003

Registrar's No.

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:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Nancy Jane Gunther

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife George H. Gunther

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

7. Birth date of deceased March 14th, 1861  
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 25  
If less than one day

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William A. Snow

{ 13. Birthplace Dont Know  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Shane

{ 15. Birthplace Dont Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel E. Ten Broek

(b) Address 4640 Farlin Ave.

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof 8-11-44  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) AUG 10 1944  
(Date received local registrar's certificate) (b) J. F. Brediek  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4640 Farlin Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th.  
year 1944 hour 6.55 minute A. M.

21. I hereby certify that I attended the deceased from Aug 7  
1944 to Aug 9 1944  
that I last saw her alive on Aug 7 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (chronic)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Corbral embolism  
(Include pregnancy within 5 months of death)

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (d) Means of injury \_\_\_\_\_

23. Signature J. F. Brediek (M. D. or other) M.D.

Address 705 Olive St. St. Louis Date signed 8/9/44

844 (Licensed Embalmer's Statement on Reverse Side)

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

*E. H. Snyder*  
*3535 d. denatiod*  
*So. 3182*

*3/25*  
*3/25*  
*3/25*  
*3/25*

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl.

**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.