

FILED NOV 10 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9374**

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:  
**De Paul Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 weeks**  
(Specify whether years, months or days)  
 In this community **Since Birth**

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. **1933 East Adelaide Avenue**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** **0** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **LAURA A. GUNDLACH**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Nov.** day **2**  
 year **1944** hour **2** minute **37 PM** M.

4. Sex **Female** / 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Charles Gundlach**  
 6. (c) Age of husband or wife if alive **80** years  
 7. Birth date of deceased **Feb. 25, 1870**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct. 7, 1944** to **Nov. 2, 1944**; that I last saw her alive on **November 2, 1944** and that death occurred on the date and hour stated above.

8. AGE: Years **74** Months **8** Days **8**  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death:  
**Metastatic Carcinoma of Liver + Mesangy**  
**Due to Carcinoma of Recty.**  
**Signed [Signature]**  
 Due to \_\_\_\_\_

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **H/O**

10. Usual occupation **Housewife.**

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

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

12. Name **Valentine von der Au**

Of autopsy **Same as above**

13. Birthplace **4 Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Not known**

15. Birthplace **4 Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Gundlach**

(b) Address **1922 Adelaide Avenue**

17. (a) **Burial** (b) Date thereof **11/4/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery**

18. (a) Signature of funeral director **Math. Hermann & Son**

(b) Address **2161 East Fair Avenue**

19. (a) **NOV 4** (b) **J.F. Bredeck**  
(Date received local registrar) (Registrar's signature)

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 **Arthur Gundlach, M.D.**

Address **3202 University Pl.** Date signed **11/3/44**

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

08111800

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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 *Harold G Burnley*  
Licensed Embalmer No. *4202*  
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.**