V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11242

Primary Registration District No. 100

Registrar's No. 2967

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: 1729 Dolman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006
(c) City or town St. Louis 123
(If outside city or town limits, write "RURAL")
(d) Street No. 1729 Dolman
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mae C Gantner

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct. (Month) 13 (Day) 1878 (Year)

8. AGE: Years 66 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business At home

MOTHER FATHER
12. Name Gastner
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name ? Jundy
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant George Gantner
(b) Address 1729 Dolman

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 4/3/45 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Hill Bellville Ill

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) APR 2 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31 year 45 hour nine minute 50 A.M.

21. I hereby certify that I attended the deceased from Mar 16, 1945 to Mar 31, 1945 that I last saw her alive on Mar 31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death A.C. Dilatation Heart — Duration 2 hours

Due to Diabetes Mellitus 20 yrs

Due to Chr Myocarditis 20 yrs

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) No
(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? None
While at work? (Specify type of place) (e) Means of injury

23. Signature Jos. E. McGurk M.D. (M. D. or other)
Address 3720 Washington Date signed 4/2/45

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.