V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21233

Registration District No. 317 | Primary Registration District No. 3063 | Registrar's No. 1572

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Louis
(c) City or town: Ventura Park (If outside city or town limits, write "RURAL")
(d) Street No.: 8344 Washington (If rural, give location)
(e) Citizen of foreign country? ! (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lloyd Gunterman
3. (b) If veteran, name war: None
3. (c) Social Security No. 494-09-2721
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Ella Gunterman
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: 1 (Month) 11 (Day) 1882 (Year)

8. AGE: Years 63 | Months 4 | Days 27 | If less than one day ___ hr. ___ min.
9. Birthplace: Jersey County (City, town, or county) Ills. (State or foreign country)
10. Usual occupation: —
11. Industry or business: —
FATHER 12. Name: John Gunterman
FATHER 13. Birthplace: Jersey County (City, town, or county) Ills. (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: — (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Fern Fowler
(b) Address: 2157 Oakdale Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-9-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery
18. (a) Signature of funeral director: Geo. L. Pleitsch, Inc.
(b) Address: 5961-63 Easton Avenue
19. (a) JUN 11 1945 (Date received local registrar) (b) E. E. McEwen, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1945 hour 7 minute 05 A M.
21. I hereby certify that I attended the deceased from June 4, 1945, to June 7, 1945, that I last saw him alive on June 7, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	About 10 days
Due to:	
Due to: 107	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations:
Of autopsy: Patchy consolidation both lungs - chiefly in lower lobes.

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

23. Signature: Fred E. Lawrence (M. D. or other) M.D.
Address: 601 Brentwood Date signed: 6/7/45 Clayton

(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. Ronald O. Yohnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.