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

FILED NOV 29 1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35346

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10060

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:
4848 Anderson Ave. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4848 Anderson Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Austin Gunter

3. (b) If veteran, name war World War #1.

3. (c) Social Security No.

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ruth Gunter

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 24, 1890.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	5	26	hr. min.

9. Birthplace St. James, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Salesman

11. Industry or business Prudential Insurance Co.

FATHER
12. Name Thomas A. Gunter
13. Birthplace St. James, Missouri. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Beezley
15. Birthplace St. James, Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Gunter
(b) Address 4848 Anderson Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 23, 1945.
(Month) (Day) (Year)
(c) Place: burial or cremation St. James, Missouri.

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) NOV 21 1945 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month November day 20th
year 1945 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial

Due to Nephritis

Due to

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Patrick E. Mylo 3 (M. D. or other)
Address Day Ave Date signed 11/21/45

(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 John A. Wilson

Licensed Embalmer No. 4186

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.