

**FILED DEC 23 1946**

**1003**

Registrar's No. **10830**

Registration District No. \_\_\_\_\_ Primary Registration District 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:  
City Sanitarium  
 (If not in hospital or institution, write street, number or location)  
 (d) Length of stay: In hospital or institution 2 yrs. 1 mo. 10 ds.  
 In this community 36 yrs.  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME VICTOR GANTNER  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 492-10-9200

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Mar.  
 6. (b) Name of husband or wife Mary Gantner 6. (c) Age of husband or wife if alive 68 years  
 7. Birth date of deceased June 30 1874  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Belleville Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer  
 11. Industry or business ELEVATOR OPERATOR

12. Name Nicholas Gantner  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Rose Stehlic  
 15. Birthplace Bohemia  
 (City, town, or county) (State or foreign country)

16. (a) Informant J. Singler  
 (b) Address 5400 Arsenal St.

17. (a) BURIAL (b) Date thereof DEC 19-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation WALNUT HILL BETHLEHEM IS

18. (a) Signature of funeral director Shodette's Son  
 (b) Address 2906 Marquis Ave

19. (a) DEC 18 1946 (Date received local registrar) J. F. Breeseck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3148a Arsenal St.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16  
 year 1946 hour 9.38 minute P M.  
 21. I hereby certify that I attended the deceased from May 1st, 1946, to Dec. 16, 1946  
 that I last saw him alive on Dec. 16, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebro-vascular Accident</u>	<u>2 ds.</u>
<u>Bronchopneumonia</u>	<u>2 ds.</u>
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) \_\_\_\_\_  
 (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) \_\_\_\_\_  
 Means of injury \_\_\_\_\_  
 23. Signature Paul T. Hartman (M. D. or other)  
 Address 5400 Arsenal Date signed 12/17/46

**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 Leo J. Buddr  
Licensed Embalmer No. ~~3938~~ 39  
P. O. Address St Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**