

FILED DEC 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318Primary Registration District No. 1003Registrar's No. 10821

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:
4682 Pope Ave
 (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)

3. (a) PRINT FULL NAME Rudolph H. Guenther3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-10-3138C

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Agnes Guenther 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased April 7 1890
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>8</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation Tool & Dye Maker11. Industry or business Carter Carbuter Co.12. Name Rudolph Guenther13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Agnes Guenther(b) Address 4682 Pope Ave17. (a) Cremation (b) Date thereof Dec 19 1946
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Crematory18. (a) Signature of funeral director Calvin F Fentz(b) Address 4828 Nat Bridge Blyd19. (a) DEC 17 1946 J. F. Bredeck
(Date received local registrar) (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. 4648 Pope Ave
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
year 1946 hour 4 minute 30 A. M.21. I hereby certify that I attended the deceased from 11/11/46
_____, 19____, to 12/16/46, 1946
that I last saw him alive on 12/16/46, 1946
and that death occurred on the date and hour stated above.Immediate cause of death Angina Pectoris Duration 2 m.Due to Angina Pectoris

Due to _____

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:

(c) 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) (e) Means of injury _____23. Signature J. F. Bredeck (M. D. or other) _____Address 4701 N. Broadway Date signed 12/17/46

10-18 A.M.
3-4 P.M.
80-4576

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. Mlinar
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 complete the above constitutes grounds for revocation of license.)

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