

FILED APR 14 1947 318
 Registration District No.

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 45 days
(Specify whether years, months or days)
 In this community 7 years

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. 2406a Bacon St.
(If rural, give location)
 (e) Citizen of foreign country? No
(Yes or No)
 If yes, name country.....

3. (a) PRINTED FULL NAME MRS. HELEN GUNTER
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George W. Gunter
 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased May 16, 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	43	10	16	
				hr. min.

9. Birthplace Madison, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name W. E. Kirby

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Lula Carr
(City, town, or county) (State or foreign country)

15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant George W. Gunter

(b) Address 2406a Bacon St.

17. (a) Burial (b) Date thereof 4/5/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Cemetery

18. (a) Signature of funeral director [Signature]
 (b) Address 2117 E. Grand Blvd.

19. (a) APR 3 1947 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 2
 year 1947 hour 11 minute 00 A.M.
 21. I hereby certify that I attended the deceased from February 13, 1947 to April 2, 1947
 that I last saw her alive on April 2, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Lipomyosarcoma of stomach + rectosigmoid
 Due to.....
 Due to.....
 Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none ill
 Of operations.....
 Of autopsy no

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) (c) Means of injury
 23. Signature [Signature] (M. D. or other).....
 Address 422 N. Taylor Date signed 4-2-47

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address. 2117 E. 1st

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.