S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43044

FILED DEC 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11195

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2836 South 4th Street.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2836 South 4th Street., 9
(If rural, give location)

(e) Citizen of foreign country? 24 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Theresa Rose Gantner

3. (b) If veteran, name war No

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 Frank Gantner

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

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

8. AGE: Years abt. 57 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Hungary 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Casper Schlemmer
13. Birthplace Unknown (City, town, or county) Hungary 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Jungt
15. Birthplace Unknown (City, town, or county) Hungary 4 (State or foreign country)

16. (a) Informant Steve Gantner
(b) Address 2909 South Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th year 1947 hour 6 minute 00A. a. M.

21. I hereby certify that I attended the deceased from October 15, 1940, to December 15, 1947, that I last saw her alive on 12 December, 1947, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Carcinoma of uterine cervix

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause of 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 William Berman (M. D. or other) M.D.

Address 462 N. Taylor Date signed 12-16-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....3575.....

P. O. Address.....

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.