

FILED DEC 22 1947 318
Registration District No.

Primary Registration District No. 1003

11275

WRITE PLAINLY—USING 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:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 9 days
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... oaw

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

(d) Street No. 3407 La Salle 9
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Alice Gunter

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex..... Female 5. Color or race..... Col

6. (a) Single, widowed, married, divorced..... 0

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

6. (c) Age of husband or wife if alive..... years
12. 1947
(Month) (Day) (Year)

7. Birth date of deceased.....

8. AGE:

Years	Months	Days	If less than one day
	<u>6</u>	<u>26</u>hr.min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name..... Oscar Guntery 1

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

14. Maiden name..... Jeneva Bruster

15. Birthplace..... St. Louis MO 0
(City, town, or county) (State or foreign country)

16. (a) Informant..... Jeneva Gunter

(b) Address..... 3407 Lasalle

17. (a) Burial (b) Date thereof: Dec 12 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Father Dickson

18. (a) Signature of funeral director..... J. J. Watson

(b) Address..... 2769 Chouteau

19. (a) DEC 9 1947 (b) J. F. Bredek
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Dec. day..... 8
year..... 1947 hour..... 3 minute..... 19 P. M.

21. I hereby certify that I attended the deceased from.....
Nov. 29....., 1947, to..... Dec. 8....., 1947
that I last saw her..... alive on..... Dec. 8....., 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Congenital Heart Disease
Patent Interatrial septum

Due to.....

Due to.....

Other conditions..... None
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... Yes

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?..... (Specify type of place)

23. Signature..... Theodore Pleaus (M. D. or other) 0
Address..... 2601 N Whittier Date signed..... 12/9/47

Duration

PHYSICIAN

Underline the cause of 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 _____

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.