

2. 300  
10-47  
17-39  
3906

# 30117

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34160**  
Registrar's No. **9164**

FILED NOV 6 1948 **318**  
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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: St. Louis City Hospital—Max C. Starkloff  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME CLYDE GINTHER

3. (b) If veteran, name war \_\_\_\_\_ - 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JULIA 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAY 9 1884  
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 13 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation STOCK CLERK

11. Industry or business GENERAL GROCER

12. Name JERRY GINTHER

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

14. Maiden name GERTRUDE MCCLAIN

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

16. (a) Informant JULIA GINTHER

(b) Address 3519 ITASKA

17. (a) BURIAL (b) Date thereof OCT 24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DONE GAP CAM. ILL.

18. (a) Signature of funeral director Therese J. Fox

(b) Address 2906 Grayson St

19. (a) OCT 23 1948 (b) J B Leaton  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ADAMS

(c) City or town ST LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 3519 ITASKA Memorial (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22nd  
year 1948 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from 10/11/48  
to Oct. 22nd 1948  
that I last saw him alive on Oct. 22nd 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the Lung Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: H7  
(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) (e) Means of injury U

23. Signature Alvin J. Bryan M.D. 1515 Lafayette 10/25/48  
Date signed

Address \_\_\_\_\_

---

---

**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. Budde

Licensed Embalmer No. 3989

P. O. Address St Louis mo

**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.**