

FILED NOV 12 1948

Registration District No. **318**

Primary-Registration District No. **1003**

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:
2843 A. Accomac St
(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 Senie Guenther

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

3. (c) Social Security No. *****

4. Sex Female | 5. Color or race White

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

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

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

7. Birth date of deceased November 11th, 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 19 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name George Brauer

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

{ 14. Maiden name Unknown

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

16. (a) Informant Elmer W. Guenther

(b) Address 2843 A. Accomac St.

17. (a) Burial (b) Date thereof 11-2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 6409 Gravois Ave

19. (a) NOV 1 1948 (b) J. B. Lassar
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2843 A. Accomac St
(If rural, give location)

(e) 23 Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th. day October
 year 1948 hour 7:25 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1940 to Oct 30, 1948
 that I last saw him alive on 10-30
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Hypertension Myocarditis Diabetes Mellitus

Due to Arteriosclerosis

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
 Of operations W

Of autopsy.....

Duration 10 days
8 year
5 years
8 years

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 W

Signature W. B. Lassar (M. D. or other) MD

Address 3703 Olive St Date signed 11/1/48

mit

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..... *Vau Sizemore*

Licensed Embalmer No. *4343*

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.