

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39077

FILED DEC 15 1951

State File No. 1003

Registrar's No. 10769

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 1003		Registrar's No. 10769	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		7169			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3948 Arsenal St.</u>				d. STREET ADDRESS (If rural, give location) <u>3948 Arsenal St.</u>					
3. NAME OF DECEASED (Type or Print) <u>LOUISE</u>		a. (First)		b. (Middle)		c. (Last) <u>GUNDELFINGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Nov. 17, 1863</u>		9. AGE (In years last birthday) <u>88</u>	10 UNDER 1 YEAR Months _____ Days _____	10 OVER 1 YEAR Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>Joseph Guth</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ruemmler</u>		14. NAME OF HUSBAND OR WIFE <u>Late Julius Gundelfinger</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lottie Kohlberg 3948 Arsenal St.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Virus Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Virus Pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>4 days</u> <u>4 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H2S2</u>					
22. I hereby certify that I attended the deceased from <u>Nov 30</u> , 19 <u>51</u> , to <u>Dec 3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 2</u> , 19 <u>51</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>O. D. Meyer, M.D.</u> (Degree or title)				23b. ADDRESS <u>O. D. Meyer, M.D. 6029 S. Kingshighway Bl</u>		23c. DATE SIGNED <u>Dec 4, 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 6, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>DEC 4 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>					

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *William B. White*

Licensed Embalmer No. *4291*

P. O. Address *4228 So King Highway*

**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.