

No. 300
10. 48

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42977**
Registrar's No. **11786**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

I. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **1829 No. 25th St.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Crawford**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Wesco** **0280**
d. STREET ADDRESS (If rural, give location) **0**

3. NAME OF DECEASED (Type or Print)
a. (First) **Bertie** b. (Middle) **May** c. (Last) **Gunter**
4. DATE OF DEATH (Month) (Day) (Year) **Dec. 31, 1951**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Widow**
8. DATE OF BIRTH **Jan. 20, 1886** **9. AGE** (In years last birthday) **65** **10. MONTHS** _____ **11. DAYS** _____ **12. HOURS** _____ **13. MIN.** _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework** **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (State or foreign country) **Wesco, Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U.S.**

13a. FATHER'S NAME **Richard Greenwalt** **13b. MOTHER'S MAIDEN NAME** **P. Runfelt** **14. NAME OF HUSBAND OR WIFE** **John**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Ada Little** **ADDRESS** **1829 No. 25th St.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of neck and lungs**
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** **DUE TO (b)** _____ **DUE TO (c)** _____
II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from **Nov 2, 1951** **to** **Dec 31, 1951**, **that I last saw the deceased alive on** **Dec 31, 1951**, **and that death occurred at** **10:45 PM.**, **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) **1013 J. Carl Smith, M.D.** **23b. ADDRESS** **1946 So. Grand** **23c. DATE SIGNED** **1-21-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **1-1-52** **24c. NAME OF CEMETERY OR CREMATORY** **Wesco** **24d. LOCATION** (City, town, or county) (State) **Wesco, Mo.**

DATE REG'D BY, LOCAL REGISTRAR'S SIGNATURE **JAN 3 1952** **J. Carl Smith, M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Albert H. Hoppe** **ADDRESS** **4700 Washington Blvd.**

(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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John J. Haines*

Licensed Embalmer No. *4198*

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.