

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10899**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **534**

1. PLACE OF DEATH a. COUNTY <b>ST. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLAYTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>38 Olivette</b> <b>4380</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DOA County Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1128 Magnet Drive.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ROBERT</b>	b. (Middle) <b>A.</b>	c. (Last) <b>GUINThER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>February 25, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 9, 1889</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Milkman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Benbush Dairy Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Washington Co, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Christ Guinther</b>	13b. MOTHER'S MAIDEN NAME <b>Jeanette Bailey</b>	14. NAME OF HUSBAND OR WIFE <b>Heney Tobin Guinther</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes</b> <b>World War I.</b>	16. SOCIAL SECURITY NO. <b>499-12-7191</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Helen Guinther,</b>	ADDRESS <b>1128 Magnet Drive</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>rich</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>undetermined natural causes</b>		
	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 <b>795.5</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Clouber</b>	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 28, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>3/5/52</b>	REGISTRAR'S SIGNATURE <b>Herbert Clouber</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Shepard Funeral Home,</b>	ADDRESS <b>1167 Hamilton Ave</b>
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MAY 28 1952

MAR 18 1952

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

*J. Wm. Binkley*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*3657  
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.