

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 18814  
Registrar's No. 1375

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 3066	Registrar's No. 1375	
1. PLACE OF DEATH a. COUNTY St. Louis County			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood,		c. LENGTH OF STAY (In this place) 96		c. CITY (If outside corporate limits, write RURAL and give township) 23 TOWN St. Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) U.S. Public Health Serv. Hosp			d. STREET ADDRESS (If rural, give location) 719a Souldard St.,		
3. NAME OF DECEASED (Type or Print)		a. (First) Walter	b. (Middle) C.	c. (Last) Guinner	4. DATE OF DEATH (Month) (Day) (Year) May 25 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-22-96	9. AGE (In years last birthday) 55 IF UNDER 1 YEAR: Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <del>Plumber</del> PLUMBERS HELPER		10b. KIND OF BUSINESS OR INDUSTRY PLUMBING		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME August		13b. MOTHER'S MAIDEN NAME Augusta Beinford	
14. NAME OF HUSBAND OR WIFE Elsie Guinner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.I		16. SOCIAL SECURITY NUMBER 486-18-5483	
17. INFORMANT'S SIGNATURE OR NAME Clinical records of U.S. Public Health Service Hospital, Kirkwood, Mo		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease  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. Arteriosclerosis obliterans left leg  INTERVAL BETWEEN ONSET AND DEATH 1 year +  4200  1 yr. +	
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?	
22. I hereby certify that I attended the deceased from Feb. 19 1952, to May 25 1952, that I last saw the deceased alive on May 25 1952, and that death occurred at 1:45 a.m., from the causes and on the date stated above.					
23a. SIGNATURE H.A. HINDMAN Jr. Surg. 0		23b. ADDRESS U.S. Public Health Service Hospital, Kirkwood, Mo		23c. DATE SIGNED May 26, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/28/52		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) Affton Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein & Sons		ADDRESS 7027 Gravois	
DATE REC'D BY LOCAL REG. 5-26-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD		SW (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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*W. G. Peterson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravis*

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.