

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3162**
Registrar's No. **1069**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. 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 3406 LAWN AVE.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2149	
		d. STREET ADDRESS (If rural, give location) 3406 LAWN AVE.	
3. NAME OF DECEASED a. (First) MAMIE b. (Middle) GUNTHER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JAN. 28 1953
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH JAN. 29, 1884
9. AGE (In years last birthday) 68		10. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME UNKNOWN KARBEL		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE LATE ARTHUR W. GUNTHER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROY J. GUNTHER 3406 LAWN AVE.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis chronic Atrophica ANTECEDENT CAUSES Recent Influenza DUE TO (b) Stroke DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Chronic Malaria & Secondary Anaemia	
19a. DATE OF OPERATION None		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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 483X	
22. I hereby certify that I attended the deceased from Nov 1952 , to Jan 28, 1953 , that I last saw the deceased alive on Jan 25, 1953 , and that death occurred at 2 P m., from the causes and on the date stated above.			
23a. SIGNATURE Paul Vinyard (Degree or title)		23b. ADDRESS 3718 A Olive St St Louis Mo 6411-29-53	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JAN 31 1953	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.
DATE REC'D BY LOCAL REG. JAN 29 1953	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRIEGSHAUSER 4778 S. KINGS HIGHWAY	

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 Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address _____

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.