

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28727**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 2143

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY City of St. Louis	
b. CITY OR TOWN Farmington Rural St. Francois		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 13y; 9m; 25d		e. STREET ADDRESS (If rural, give location) 4240 Schiller	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle)	c. (Last) GUENTHER	4. DATE OF DEATH (Month) (Day) (Year) August 5, 1954
-------------------------------------	---------------------------	-------------	---------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 19, 1884	9. AGE (In years last birthday) 69	10. UNDER 1 YEAR Months 8 Days 17	11. UNDER 1 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A. (?)
--	-----------------------------------	---	--

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lena
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. 497-01-7444	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records, State Hospital No. 4, Farmington, Mo.
---	--	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hours.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion - - - - -		Unknown.
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart Disease - - <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		Lobar pneumonia and Dementia Praecox	Psychosis.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 March 27, 1951, to August 5, 1954, that I last saw the deceased alive on August 5, 1954, and that death occurred at 6:22 m., from the causes and on the date stated above.

23a. SIGNATURE John A. Brennan M.D.	(Degree or title)	23b. ADDRESS State Hospital No. 4, Farmington, Mo.	23c. DATE SIGNED 8-6-54.
--	-------------------	---	---------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 8-9-54	24c. NAME OF CEMETERY OR CREMATORY St. Peter and Paul	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
---	-------------------------	--	--

DATE RECD BY LOCAL REG. Aug. 6, 1954	REGISTRAR'S SIGNATURE Ether Tudloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken & Benz Funeral Home, St. Louis, Mo.
---	--	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

940

581 27 997

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 _____
Signature of Student Embalmer

Signed Paul K. Dugal

Licensed Embalmer No. 412

P. O. Address Farming

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.