

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9648

State File No. 2191

FILED MAR 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township)		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location)			
St. Louis, Mo.		Dexter		101	
BARNES HOSPITAL		311 East Stoddard			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Edmond</b>			b. (Middle) <b>E.</b>		
c. (Last) <b>Gunter</b>			Month <b>March</b> Day <b>7</b> Year <b>1955</b>		
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)
<b>Male</b>	<b>White</b>	<b>Widowed</b>	<b>Jan. 10, 1870</b>		<b>85</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
<b>Retired Jeweler</b>		<b>Jewelry</b>		<b>Spring Valley, Iowa</b>	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE
<b>Marion Gunter</b>			<b>Belle Boyer</b>		<b>Lula Gunter, (Dead)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
<b>No.</b>		<b>Nil.</b>		<b>None</b>	
				<b>E. W. Gunter, 311 East Stoddard St.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			<b>Dexter, Missouri</b>		
<b>Enterocolitis</b>			INTERVAL BETWEEN ONSET AND DEATH		
II. OTHER SIGNIFICANT CONDITIONS			<b>3 days</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) <b>Fractured Hip (fell at home)</b>		
			DUE TO (c)		
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)	
<input checked="" type="checkbox"/>		<b>Home</b>		<b>St. Louis, Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
<b>2-26-55 ? m.</b>				<b>Fell at home E9040</b>	

22. I hereby certify that I attended the deceased from **Feb. 26, 1955**, to **Mar. 7, 1955**, that I last saw the deceased alive on **Mar. 7, 1955**, and that death occurred at **8:15 AM** from the causes and on the date stated above. **21**

23a. SIGNATURE		23b. ADDRESS		23c. DATE SIGNED	
<i>[Signature]</i>		<b>BARNES HOSPITAL</b>		<b>3/7/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
<b>Removal</b>		<b>3-7-55</b>		<b>Local</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<b>Dexter, Missouri</b>		<i>[Signature]</i>		<b>Albert H. Hoppe 4700 Washington.</b>	

DATE REC'D BY LOCAL REG. MAR 9 1955

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

MAR 22 1950

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 A. Wachter

Licensed Embalmer No. 478

P. O. Address St. Louis

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.