

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED NOV 4 1957

State File No. **37496**  
 Registrar's No. **10159**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>17</b>	c. CITY OR TOWN <b>ST. LOUIS</b>	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 (If not in hospital or institution, give street address or location) <b>02 ALEXIAN BROS. Hosp. 543 WEST HURCK</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>EMIL</b>		b. (Middle) <b>P.</b>		c. (Last) <b>GUENTHER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 27 1957</b>
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>Nov. 13 1894</b>	9. AGE (in years last birthday) <b>62</b>	IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WATCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>POST DISPATCH</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>EMIL GUENTHER</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET MAY HILDA GUENTHER</b>		14. NAME OF HUSBAND OR WIFE <b>HILDA GUENTHER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-10-4149</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HILDA GUENTHER 543 W. HURCK</b>		
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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>pneumonia, lobar bilaterally</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	ANTECEDENT CAUSES DUE TO (b) <b>obesity (extreme)</b>				
	DUE TO (c) <b>490x</b>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>cirrhosis of liver</b>				<b>unknown.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <b>2</b> 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 <b>Oct 25</b> , 19 <b>57</b> , to <b>death</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>Oct. 27</b> , 19 <b>57</b> , and that death occurred at <b>4:20 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>John G. Keellett MD</b>			23b. ADDRESS <b>2314 Telegraph Road.</b>		23c. DATE SIGNED <b>10 29 57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>OCT. 30 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. MARCUS</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>		
DATE REC'D BY LOCAL REG. <b>OCT 29 57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kuteis 2906 Grannis</b>	

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

243 Pleasant Court  
2314 Telegraph Rd  
TW 2-0044

**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 *Leo J. Budd* .....  
Licensed Embalmer No. *398* .....  
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.