

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43091
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791 / 1003**
(b) Township..... Primary Registration District No. Registered No. **11341**
(c) City **of St. Louis** (d) Street No. **Missouri Pacific Hosp.** St.
(e) Length of residence in city or town where death occurred **20** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Franklin Gunter

(a) Residence, No. **6952 Bradley Avenue** St. **3**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Husband of Molly Gunter**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 9, 1882**

7. AGE YEARS **55** MONTHS **2** DAYS **0** IF LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Baggage Agent**
9. Industry or business in which work was done, as saw mill, bank, etc. **Terminal**
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... **9 1/2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **John Gunter**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Mary Sanders**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Molly Gunter**
(ADDRESS) **6952 Bradley Ave**

18. FOR REMOVAL to PLACE **Annapolis, Mo.** DATE **12/10/37**

19. FUNERAL DIRECTOR **W. H. McLaughlin**
(ADDRESS) **2301 Lafayette Ave.**

20. **DEC 9 1937** 19 **J. Brebeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 9, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **12-7**, 19**37**, to **12-9-37**, 19**37**

I last saw h/ **m** alive on **12-9-37**, 19**37** Death is said to have occurred on the date stated above, at **6:40 A.M.**

The principal cause of death and related causes of importance were as follows:

Labo pneumonia
1/2

Other contributory causes of importance:

Symphatic Leukemia

Name of operation **none** Date of.....
What test confirmed diagnosis? **Chenal** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) **W. R. Oberdorfer**, M. D.
(Address) **Missouri Pacific Hosp.**

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by
working under my personal supervision.

Signed L. R. Cooper Registered Apprentice No.
Licensed Embalmer No. 3633

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.)