

STANDARD CERTIFICATE OF DEATH

20259

State File No.

5207

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1929a Warren St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Louisa Guenther. 536

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Henry Guenther. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 17 1870.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 10 26 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business \_\_\_\_\_

12. Name Unknown.

13. Birthplace Germany.  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Fischer.

15. Birthplace Germany.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Gram.

(b) Address 1929a Warren St.

17. (a) Burial (b) Date thereof 6-15-40.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem cem.

18. (a) Signature of funeral director H. J. Seiden and Co.

(b) Address 2223 St. Louis Ave.

19. (a) JUN 15 1940 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town St. Louis. 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1929a Warren St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13  
year 1940 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Aug 26  
1939 to June 13, 1940  
that I last saw her alive on June 12, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 day

Due to general arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) AK

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Arthur K. ... (M. D. or other) M. D.

Address 2707 University Date signed 6/13/40

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

FATHER {  
MOTHER {

*Dr. Hundlach.*

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2223 St Louis Ave*

**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, above space should be left blank.**