DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39695

Registration District No. 784 — Primary Registration District No. 101 — Registrar's No. 2238

FILED DEC 7 - 1940

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Affton (If outside city or town limits, write "RURAL")

(d) Street No. 4729 Tieman (If rural, give location)

0

(e) If foreign born, how long in U. S. A.? ..... years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Ruth Guenther

3. (b) If veteran, name war

3. (c) Social Security No. 490-03-2046

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ernest

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased August 6, 1906 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
34	3	21	..... hr. ..... min.

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

10. Usual occupation Housewife 0

11. Industry or business

FATHER
12. Name William Grenzebach 0
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mary Besse
15. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ernest Guenther

(b) Address 4729 Tieman

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/29/40 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John L Ziegenhein

(b) Address 7027 Gravois

19. (a) NOV 28 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

20. DATE OF DEATH: Month Nov day 27th year 1940 hour 6 minute 25 A M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Suicide by burns----------	11/25
Due to	
~~1,2,& 3rd.degree burns of body~~	~~11/25~~
Due to	
Other conditions Mental abberation??? 2 mos. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

171

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) ~~suicide~~ suicide

(b) Date of occurrence 11/25/40

(c) Where did injury occur? home Affton, (City or town) (County) (State) "o"

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? no (e) Means of injury suicide

707

23. Signature John [signature] (M. D. or other) 5

Address Coroner of St. Louis County Date signed 11/28/40

(Licensed Embalmer's Statement on Reverse Side)

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 G. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.