

No. 2
-1-4-41
5-17-39
X28390

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30140

State File No.

FILED OCT 18 1941
791

1003

Registrar's No. 2479

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(b) City or town St. Louis
(c) Name of hospital or institution City Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 6 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4733 Page 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JULIA GINTER

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased. May 23 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 23 If less than one day hr. min.

9. Birthplace. New York
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

12. Name. Frank Ginter

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

14. Maiden name. Unknown

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

16. (a) Informant. Ch. Ginter

(b) Address. 4733 Page

17. (a) Burial (b) Date thereof 9-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Million

18. (a) Signature of funeral director. Dr. Miller

(b) Address. 2849 St. Louis

19. (a) SEP 16 1941 (b) J. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1941 hour 8 minute 25 a.m.

21. I hereby certify that I attended the deceased from September 13, 1941 to September 16, 1941 that I last saw her alive on September 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes mellitus gangrene of foot cerebral thrombosis

Duration

Due to 61
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 10
Of autopsy 10

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? A (Specify type of place) B (Means of injury)

23. Signature M. M. Karl (M. D. or other)

Address 1515 Lafayette Avenue Date signed 9/16/41

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

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17
9

NOV 18 1941

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 Albert Mayfield
Licensed Embalmer No. 3677

P. O. Address.....

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, fact should be so stated above.