V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

15458

State File No.

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 906

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

**1. PLACE OF DEATH:**

(a) County St.Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8310 Racquet Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nO (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St.Louis 96
(c) City or town Normandy 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8310 Racquet Drive 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert R.Guenther

3. (b) If veteran, name war

3. (c) Social Security No. 489-01-2365

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased May (Month) 4 (Day) 1914 (Year)

8. AGE: Years 27 Months 11 Days 17 If less than one day hr. min.

9. Birthplace St.Louis (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation Clerk ( Shoe Factory )

11. Industry or business Shoe Factory

FATHER
12. Name Gustav C.Guenther
13. Birthplace St.Louis (City, town, or county) 0 Mo. (State or foreign country)

MOTHER
14. Maiden name Hilda Aeberli
15. Birthplace St.Louis (City, town, or county) 0 Mo. (State or foreign country)

16. (a) Informant Gustav C.Guenther
(b) Address 8310 Racquet Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset burial Park

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec

19. (a) APR 21 1942 (Date received local registrar) (b) C. G. McGavan M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 21 year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 30-1941, 19 to April 21, 1942 that I last saw him alive on April 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death For Adv Bilateral Pulm T.B.

Due to 1361

Due to

Other conditions T.B. Laryngitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration over a year

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) no
(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? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature H. T. Sheets (M. D. or other)
Address Union Club Bld Date signed 4/21/42

701

(Licensed Embalmer's Statement on Reverse Side)

Dr Shuster
Zemmerly Chest Bldg

## 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 Wm Schumacher, Registered ~~Apprentice No.~~ working under my personal supervision.

Signed Wm Schumacher

Licensed Embalmer No. 901

P. O. Address 3013 Miramec

**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.**