V. S. No. 2
DM—1-4-41
ev. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28773

Registrar's No. 7780

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:
De Paul Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 hours. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 700 6 2 1
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5610 Theodosia Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH F. GUENTERT.

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Marie K. Guentert.

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November 29, 1874. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	9	19	hr. min.

9. Birthplace Pittsburg, (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Fireman

11. Industry or business St. Louis Fire Department

FATHER
12. Name Ely Guentret.
13. Birthplace ? (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Dont Know.
15. Birthplace Dont know. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Marie K. Guentert.
(b) Address 5610 Theodosia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-1942. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) SEP 1 0 1942 (Date received local registrar) (b) J. F. Bresch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17th. year 1942 hour 3 minute 40 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 1ST, 2nd, & 3rd degree burns of entire body when he was sprayed with gasoline when a tank
Due to exploded on a burning truck which he had been called to extinguish,
Due to about 8:45 A.M., Sept. 16, 1942, at the Welding Shop located in the
Other conditions rear of 4908 Easton Ave.
(Include pregnancy within 3 months of death)

Duration

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) Accident
(b) Date of occurrence Sept. 16, 1942
(c) Where did injury occur? St. Louis, Mo. 000 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At industrial place (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Thomas F. Allen (M. D. or other)
Address Deputy Coroner Date signed 9/16/42

(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 3454 David C. Gibson, Registered Apprentice No. Bill Hoffman working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L. Mo.

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.