

FILED SEP 18 1942

Registration District No.

318

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:  
ALEXIAN BROTHERS. H  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 008  
(c) City or town ST. LOUIS. 119  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6327 1/2 Vermont - Cal.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME BENJAMIN T. GUENTHER.

3. (b) If veteran, name war NO 3. (c) Social Security No. 494-09-7974

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED  
6. (b) Name of husband or wife. ELIZABETH. 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased JAN 30 1890  
(Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 9 If less than one day hr. min.

9. Birthplace ST LOUIS MO. D  
(City, town, or county) (State or foreign country)

10. Usual occupation FOREMAN.

11. Industry or business PAPER BOX FACTORY.

12. Name BENJAMIN GUENTHER.

13. Birthplace ST. LOUIS MO D  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Elizabeth Guenther

(b) Address 6327 1/2 Vermont -

17. (a) BURIAL (b) Date thereof SEPT. 4-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Trinity Church

18. (a) Signature of funeral director Joe P. Smith

(b) Address 7128

19. (a) SEP 2 1942 (Date received local registration)  
J. F. Bruesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2d  
year 1942 hour 12:25 minute 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 Mediastinal Abscess high up which caused suffocation. Disruption High

Due to.....

Due to.....

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

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....  
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) Means of injury 3

23. Signature Thomas F. Callahan (M. D. or other)

Address Deputy Coroner Date signed 9/2/42

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

MOTHER FATHER

1439

#10

844

**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.....

*Joe P. Fendler* 7  
925

Licensed Embalmer No.....

P. O. Address.....  
St Louis.

**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.**