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M-5-43  
7. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28666

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6913

1. PLACE OF DEATH:  
(a) County St. Louis Mo.  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4279 Olive St. /  
(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  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4279 Olive St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Nellie Ginter  
3. (b) If veteran. name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 7 year 1946 hour 11:40am minute M.  
21. I hereby certify that I attended the deceased from Aug 6 1946, to Aug 7 1946, that I last saw her alive on Aug 6 1946 and that death occurred on the date and hour stated above.

4. Sex F. / 5. Color or race White 6. (a) Single, widowed, married, divorced married /  
6. (b) Name of husband or wife Edward Ginter 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Aug. 4, 1890 (Month) (Day) (Year)

Immediate cause of death. myocardial inf? Duration

8. AGE: Years Months Days If less than one day  
56 0 3 .hr. 6 min.

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

9. Birthplace Russia (City, town, or county) (State or foreign country)  
10. Usual occupation housewife

11. Industry or business  
12. Name Unknown  
13. Birthplace Russia (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Russia (City, town, or county) (State or foreign country)

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) (e) Means of injury.

16. (a) Informant Edward Ginter  
(b) Address 4279 Olive St.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8:10/46 (Month) (Day) (Year)  
(c) Place: burial or cremation. Calvary Cem.  
18. (a) Signature of funeral director Sullivan's  
(b) Address 2849 No. Euclid  
19. (a) AUG 8 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

23. Signature J. S. Horian (M. D. or other) Address 4983 Delmar ave Date signed Aug 7/46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

oas  
1917  
9  
0

93d

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Dr. J. S. Homar,  
4903 Delmar

7 - 9 pm.

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**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.....

Licensed Embalmer No.....

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.**