

No. 2
-12-45
5-17-39
I X47020

FILED APR 8 1947

318

Registration District No. Primary Registration District No.

1003

Registrar's No.

3163

1. PLACE OF DEATH:

(a) County MISSOURI

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
CHRISTIAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CAROLINE GUENTHER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband JOHN 6. (c) Age of husband 72 years if alive

7. Birth date of deceased DEC. 12 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>3</u>	<u>11</u>	hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name JACOB LIPPERT

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

14. Maiden name CAROLINE SANDERS

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

16. (a) Informant VIRGINIA GUENTHER

(b) Address 3958 COTE BRILLIANT

17. (a) BURIAL (b) Date thereof MAR. 26 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAUL CHURCHYARD

18. (a) Signature of funeral director Thomas Kuli

(b) Address 2906 GRAVOIS

19. (a) MAR 25 1947 (b) J. F. Bradick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 3958 COTE BRILLIANTE (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 23
year 1947 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from April 30, 1946 to May 23, 1947
that I last saw her alive on May 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung Duration about 1 year

Due to metastatic from

Due to enlarged uterus down

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

Major findings: 58

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

Date of occurrence _____

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 _____

23. Signature Paul Brown (M. D. or other) _____

Address Paul Brown Date signed 22 25 47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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..... *Leo J. Burdette*.....
Licensed Embalmer No. *3989*.....
P. O. Address..... *St. Louis, 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.