S. No. 2
OM—5-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18892

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4705

1. PLACE OF DEATH:
(a) County: ST. LOUIS
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOMER G. PHILLIPS (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ( ) (Specify whether In this community: 23 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: 073
(c) City or town: ST. LOUIS (If outside city or town limits, write "RURAL") 189
(d) Street No.: 3407 LASALLE (If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country:

3. (a) PRINT FULL NAME: OSCAR GUNTER.
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: MALE 2
5. Color or race: COL
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: GERTA GUNTER
6. (c) Age of husband or wife if alive: 25 years
7. Birth date of deceased: DEC (Month) 27 (Day) 1922 (Year)

8. AGE: Years 24 Months 4 Days 19 If less than one day hr. min.
9. Birthplace: (City, town, or county) MISS (State or foreign country)
10. Usual occupation: LABOR
11. Industry or business:
MOTHER FATHER
12. Name: THOMAS GUNTER.
13. Birthplace: (City, town, or county) MISS (State or foreign country)
14. Maiden name: OLAR MOORE
15. Birthplace: (City, town, or county) MISS (State or foreign country)
16. (a) Informant: ELMA JEFFERSON
(b) Address: 3024 CORALINE
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Father Dickson
18. (a) Signature of funeral director: F. A. GREEN
(b) Address: 2915 FRANKLIN AVE
19. (a) MAY 9 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 6 year 1947 hour 10 minute 45 P.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.

	Duration
Immediate cause of death: (a) Pulmonary Embolism	
Due to: (b) Leukemia 3 yrs	
Due to: (c) 1st & 2nd degree burns of right leg received when he slipped into a tub of hot water	
Due to: (d) While unloading a barrel at Stocking and Jackson Inc. around 8:30 a.m.	
Other conditions: (Include pregnancy within 3 months of death) 19, 1947	

Major findings:
Of operations: 18/-1
Of autopsy: 3/-

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: April 19, 1947
(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: Burns
23. Signature: Patrick E. Taylor (M. D. or other)
Address: Deputy Coroner Date signed 5-9-47

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. G. Green

Licensed Embalmer No. 2963

P. O. Address 995 Franklin

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.