

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4924**  
State File 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: Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community 32 Years (Specify whether  
years, months or days)

**3. (a) PRINT FULL NAME** Mrs. Sadie A. Paynter  
**3. (b) If veteran, name war** \_\_\_\_\_ **3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** F **5. Color or race** W **6. (a) Single, widowed, married, divorced** W D  
**6. (b) Name of husband or wife** Arthur L **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** April 2, 1895  
(Month) (Day) (Year)

**8. AGE:** Years 52 Months 1 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Quincy, Illinois  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Part time domestic work

**11. Industry or business** \_\_\_\_\_

MOTHER FATHER

**12. Name** William A. Gnuse

**13. Birthplace** Quincy, Illinois  
(City, town, or county) (State or foreign country)

**14. Maiden name** Amelia Bentrop

**15. Birthplace** Quincy, Illinois  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Lorraine Whitacre

**(b) Address** 2624 Osage

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** May 16, 1947  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Hiram Cemetery

**18. (a) Signature of funeral director** BEIDERWIEDEN F. H. INC.

**(b) Address** 1936 St. Louis Avenue

**19. (a)** MAY 16 1947 **(b)** J. F. Bredek  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2624 Osage 9  
15 (If rural, give location) 10  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month March day 14  
year 1947 hour 1: minute 15 A.M.

**21. I hereby certify that I attended the deceased from** May 5, 1947, to May 14, 1947  
that I last saw her alive on May 14, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Intestinal Obstruction 4 days  
Strangulated femoral hernia

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**PHYSICIAN**  
Major findings: Incarcerated small intestine in right femoral canal  
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)  
(e) Means of injury \_\_\_\_\_

**23. Signature** Walter P. Klockner (M. D. or other) M.D.

**Address** 5703 Chippewa Street **Date signed** 5/12/47

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

**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 Delis J. Krispin  
Licensed Embalmer No. 3497  
P. O. Address 1936 St Louis Ave

**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.**