FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 7 1948

Registration District No. 597

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3495

Registrar's No. 305

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6811 Lillian
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Jennings
(If outside city or town limits, write "RURAL")
(d) Street No.: 6811 Lillian
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Hattie E. Gunther
3. (b) If veteran, name war: None
3. (c) Social Security No.: 342-22-1947
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Separated
6. (b) Name of husband or wife: Harvey
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: Jan. (Month) 26 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
59	0	5	....hr. ....min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Self
FATHER
12. Name: William Pidgeon
13. Birthplace: England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Elizabeth McVicker
15. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mr. Edward Pidgeon
(b) Address: 5734 Janet
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine Cem.
18. (a) Signature of funeral director: Provost Und. Co.
(b) Address: 3710 N. Grand Blvd.
19. (a) 2-2-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1948 hour 9 minute 30 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.

	Duration
Immediate cause of death	
Cause unknown	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN: Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature [signature] (M. D. or Coroner)
Address: Commissioner of Health Date signed: 2-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 7 1940

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 Albert Mayfield

Licensed Embalmer No. 3077

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.