. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6427

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2218

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: St. Anthony's Hosp.
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4416 So. 38th St. 9
(If rural, give location) 15 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALPHONSO E. F. GUENTHER
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katie
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Oct. (Month) 19 (Day) 1889 (Year)

8. AGE: Years 58 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Waterloo (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Warehouse Sup't.
11. Industry or business Canada Dry Bottling Co.
FATHER
12. Name Edward Guenther
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Amelia Wagner
15. Birthplace Red Bud (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Katie Guenther
(b) Address 4416 So. 38th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) MAR 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1948 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from 1/10/48 19 to 3/3/48 19 ; that I last saw him alive on 3/2/48 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Aneurism of aorta
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 9/0
Major findings: Of operations
Of autopsy Aneurism of aorta

Duration

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) 0
While at work? (e) Means of injury
23. Signature F. G. Pernoud MD (M. D. or other)
Address 975 Arcade Bldg Date signed 3/4/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Arcade Bldg.

10-1

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.