

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25573
Registrar's No. 2717

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>2717</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u> <u>4002</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u> c. LENGTH OF STAY (In this place) <u>1 DAY</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Massachusetts</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holyoke</u> <u>8200</u> d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>C.</u> c. (Last) <u>Guenther</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11/13/96</u>	
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR <u>8</u> Months		IF UNDER 1 YEAR <u>8</u> Days		IF UNDER 1 HR. <u>8</u> Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bartender</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>		11. BIRTHPLACE (State or foreign country) <u>Holyoke, Mass.</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Frank Guenther</u>			13b. MOTHER'S MAIDEN NAME <u>Pauline Burkhart</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Tack Guenther</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>014-05-6156</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alger Funeral Home, Holyoke, Mass.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute subdural hematoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture - skull</u> <u>multiple contusions and abrasions</u> DUE TO (c) <u>68194</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>16 HRS.</u> <u>"</u>
19a. DATE OF OPERATION <u>7-20-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>acute subdural hematoma 4031</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>POND St. Louis Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 20, 1951 2:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident - Blunt Impact</u>			
22. I hereby certify that I attended the deceased from <u>July 20, 1951</u> , to <u>July 21, 1951</u> , that I last saw the deceased alive on <u>July 21, 1951</u> , and that death occurred at <u>7:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. J. Schewe Jr. M.D.</u> (Degree or title)				23b. ADDRESS <u>601 S. Brentwood Clayton 5, Mo.</u>		23c. DATE SIGNED <u>7-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>7/21/51</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Holyoke, Mass.</u>		
DATE REC'D BY LOCAL REG. <u>7-21-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Tomber MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary, 6633 Clayton Rd.</u> ADDRESS _____			

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed..... 

Signed.....
Student Embalmer

Licensed Embalmer No. 1994

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.