

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33810**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2394**

1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Lemay Mo</b> ) c. LENGTH OF STAY (in this place) <b>10yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Lemay Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>772 Pardella</b>		d. STREET ADDRESS (If rural, give location) <b>772 Pardella</b>	

3. NAME OF DECEASED (Type of Print) a. (First) <b>Lina</b> b. (Middle) _____ c. (Last) <b>Guenther</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 13 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>May 16 1866</b>		9. AGE (In years last birthday) <b>86</b>		10. UNDER 1 YEAR <b>3</b> MONTHS <b>127</b> DAYS <b>0</b> HOURS <b>0</b> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Wm. Pechmann</b>		13b. MOTHER'S MAIDEN NAME <b>Marie Seels</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. C. (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NO.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elvira Buettner</b> ADDRESS <b>772 Pardella</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic Coma</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetic Mellitus</b>			
		DUE TO (c) <b>260XH</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary of heart</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **the** **18<sup>th</sup> to Sept 13, 1952**, that I last saw the deceased alive on **Sept 13, 1952** and that death occurred at **5:05P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. Schumacher</b> (Degree or title)		23b. ADDRESS <b>506 Clark</b>		23c. DATE SIGNED <b>9-15-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>9/17/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	

DATE REC'D BY LOCAL REG. <b>9-15-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dombey MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Schumacher</b> ADDRESS <b>3013 Meramec</b>	
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521 Licensed Embalmer's Statement on Reverse Side

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

5/ No. 300  
V. 10/48

FILED SEP 23 1952

4000

DR MARTIN GLASSER

506 Olive CH 5025-

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Jack Haupt*

Licensed Embalmer No. 4746

P. O. Address St Louis

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.