

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24607

State File No. ....

FILED JUL 26 1954

318

1003

Registrar's No. .... 6047

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>MISSOURI</u> c. COUNTY _____			
b. CITY OR TOWN <u>ST. LOUIS, MO</u>		c. LENGTH OF STAY (in this place) <u>6 DAYS</u>		c. CITY OR TOWN <u>ST. LOUIS, MO</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>1912 FARRAGUT, ST. 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u>		b. (Middle) <u>T. GUENTHER</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 3 - 1954</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>AUG. 1 1891</u>	
9. AGE (In years last birthday) <u>62</u>		10. UNDER 1 YEAR (Months) (Days) _____		11. UNDER 2 HRS. (Hours) (Min.) _____		9. AGE (In years last birthday) <u>62</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>GUARD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MART, BLDG.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>BENJ. GUENTHER</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE, BASSE</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET. 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>49410-4148</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARGARET GUENTHER</u> ADDRESS <u>1912 FARRAGUT.</u>			
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, ashenia, etc. It means the disease, injury, or complication, which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestion of Lungs</u> ANTECEDENT CAUSES <u>Obdema of Brain</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Caravanary Sclerosis</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:00 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Patrick J. Taylor Corcoran</u> (degree or title) _____				23b. ADDRESS <u>1300 Clark</u> _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>7-7-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL, CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON, MO</u>	
DATE REC'D BY LOCAL REG. <u>JUL 6 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Theresa Kute</u> ADDRESS <u>2906 Garrison</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Leo J. Budde*  
Licensed Embalmer No. *398*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.