

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23804**  
Registrar's No. **6463**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2089</b>	
b. CITY OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place) <b>D.O.A.</b>	c. CITY OR TOWN <b>St. Louis</b>	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 <b>St. Louis City Hospital</b>		STREET ADDRESS (If rural, give location) <b>8 8722 Park Lane</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Herman</b>	b. (Middle) <b>L</b>	c. (Last) <b>Guinner</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 25, 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 27, 1896</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired (Mach)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Brown Shoe Company</b>	11. BIRTHPLACE (City, and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Herman Guinner</b>	13b. MOTHER'S MAIDEN NAME <b>Augusta Beinford</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Nanette Guinner</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>1st World War</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Nanette Guinner, 8722 Park Lane</b>	
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	<b>Suffocation by drowning which deceased was found in Mississippi River at foot of Sidney Street on July 25, 1955 about 11:06 am.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<b>Whether accidental or intentional could not be determined</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>determined open Verdict</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT OR SUICIDE (Specify) <b>Open Verdict</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>9298</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>000 42</b>

22. I hereby certify that I attended the deceased from **3**, 19**55**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:02 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (degree or title) <b>Patrick C. Taylor Carover</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>7.27.55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 27, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>JUL 27 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math Hermann &amp; Son, Inc., 2161 E. Fair Ave</b>
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**mjs** (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..

NOT EMBALMED

Student .....  
Signature of Student Embalmer

Signed *Chas. W. Vay* .....

Licensed Embalmer No. *373* .....

P. O. Address *St. Louis, Mo.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.