

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6560

State File No.

FILED FEB 17 1956

949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	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 4039 Shaw Ave.		e. STREET ADDRESS (If rural, give location) 4039 Shaw Ave.	
3. NAME OF DECEASED a. (First) FANNIE (Type or Print)		b. (Middle) _____ c. (Last) GUNTHER	
4. DATE OF DEATH JANUARY 27, 1956 (Month) (Day) (Year)		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Unk.		9. AGE (In years last birthday) Abt. 73 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 18 HS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) Russia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Moses Hochman		13b. MOTHER'S MAIDEN NAME Unk.	
14. NAME OF HUSBAND OR WIFE Max Gunther		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or date of service)	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME Mr. Max Gunther ADDRESS 4039 Shaw Ave.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis Coronary Thrombosis (1 Hr) ANTECEDENT CAUSES Diabetes Mellitus Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Chr. Lymphatic leukemia Conditions contributing to the death but not related to the disease or condition causing death. Chronic lymphatic leukemia	
INTERVAL BETWEEN ONSET AND DEATH 1 hr. 10 yrs 10 yrs. 6 mos. 6 mo		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION 260xH 420t		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) _____	
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 July 29, 1913 , to Jan 27, 1956 that I last saw the deceased alive on Jan 27, 1956 , and that death occurred at 1:00 pm. , from the causes and on the date stated above.			
23a. SIGNATURE Melvin L. Goldman (Degree or title) M.D.		23b. ADDRESS 634 No. Grand	
23c. DATE SIGNED JAN 27 1956		23d. SIGNATURE Carl Smith	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/29/56	
24c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagadol		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
DATE REC'D BY LOCAL REG. JAN 27 1956		25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf Inc. ADDRESS 5216 Delmar Bl.	

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 *John Ketter*.....
Licensed Embalmer No. *388*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.