

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-038808**

FILED VS OCT 24 1960

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 113 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MERAMEC</u>		Length of stay in 1b <u>254</u>		c. CITY OR TOWN <u>HIGH RIDGE MO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HIGH RIDGE MO</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>MERAMEC TOWNSHIP</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Emiel W. Gunther</u>				4. DATE OF DEATH Month Day Year <u>10 - 15 - 1960</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8/31/1872</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CONTRACTOR</u>		11. BIRTHPLACE (City and state or country) <u>ST LOUIS - MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE <u>Blanche Gunther</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>490-38-5007</u>		17. INFORMANT <u>Mrs. Blanche Gunther High Ridge MO</u>			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun shot wound to the head.</u>							INTERVAL BETWEEN ONSET AND DEATH <u>---</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>SELF INFLICTED</u>					
20c. TIME OF INJURY Hour s.m. p.m. <u>10-15-60</u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>MERAMEC TWP. Jeff</u>		COUNTY <u>Jeff</u>		STATE <u>MO.</u>	
21. I attended the deceased from <u>CORONER'S INVEST.</u> and last saw her/him alive on <u>9:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____									
22a. SIGNATURE (Degree or title) <u>James C. Rubin M.D. Coroner</u>				22b. ADDRESS <u>Festus MO.</u>				22c. DATE SIGNED <u>10-15-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>10-17-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MO CREMATORY</u>		23d. LOCATION (City, town, or county) (State) <u>ST LOUIS - MO</u>				
24. FUNERAL DIRECTOR <u>BRUNNER FUNERAL HOME</u>			ADDRESS <u>HOUSE SPRINGS MO</u>		25. DATE RECD. BY LOCAL REG. <u>10-17-60</u>		26. REGISTRAR'S SIGNATURE <u>Robert E. Baum</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herbert J. Gan Jr.

Licensed Embalmer No. 4800

P. O. Address Pickwood

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