

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or Village \_\_\_\_\_

or City \_\_\_\_\_

*St. Louis Mo* (NO. *4258 Connecticut* St.; *24* Ward)

Registration District No. *791*

Primary Registration District No. *1008*

File No. *42762*

Registered No. *10647*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME *Ludwig D. Guggeros*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *male* COLOR OR RACE *white* SINGLE ~~MARRIED~~ *Single*  
~~WIDOWED~~  
~~OR DIVORCED~~  
(Write the word)

DATE OF DEATH *Dec 3<sup>rd</sup>*, 191*1*  
(Month) (Day) (Year)

DATE OF BIRTH *December 23*, 1893  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *Nov 2*, 191*1*, to *death*, 191*1*, that I last saw him alive on *Dec 2<sup>nd</sup>*, 191*1*,

AGE *27* yrs. *11* mos. *10* ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

and that death occurred, on the date stated above, at *4 A.* m.

OCCUPATION (a) Trade, profession, or particular kind of work *Pressman*  
(b) General nature of industry, business, or establishment in which employed (or employer) *St. Louis Star*

The CAUSE OF DEATH\* was as follows: *1258*  
*Abscess of Liver*  
*with Bronchial*  
*and Intestinal perfor-*  
*ations* (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) *St. Louis Mo*

Contributory (SECONDARY) (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

NAME OF FATHER *Joseph Guggeros*

(Signed) *Wm. S. Cyroman M.D.*  
*12/4*, 191*1* (Address) *1752 S. Jeff*

BIRTHPLACE OF FATHER (City or town, State or foreign country) *Germany*

MAIDEN NAME OF MOTHER *Theresa Ludwig*

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Germany*

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Informant) *Jos Guggeros*

Where was disease contracted If not at place of death?

(ADDRESS) *4258 Conn*

Former or usual residence

Filed *DEC -4 1911* *Max C Starkhoff*

PLACE OF BURIAL OR REMOVAL *St. Matthews Cem.* DATE OF BURIAL *Dec 6.* 191*1*

UNDERTAKER *Albert Giffner* ADDRESS *3700 Morgan*

REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sar-*

*coma, etc.*, of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County \_\_\_\_\_ Township \_\_\_\_\_ or \_\_\_\_\_ Village \_\_\_\_\_ or \_\_\_\_\_ City St. Louis (NO. 4258 Connecticut St. Ward 24)

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. 10647

FULL NAME Ludwig D. Guggmos

[If death occurred in a hospital or institution, give its NAME instead of street and number]

**PERSONAL AND STATISTICAL PARTICULARS**

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED S (Write the word)

DATE OF BIRTH Dec 23, 1883  
(Month) (Day) (Year)

AGE 27 yrs. 11 mos. 10 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

OCCUPATION  
(a) Trade, profession, or particular kind of work Presumably  
(b) General nature of industry, business, or establishment in which employed (or employer) St. Louis

BIRTHPLACE (City or town, State or foreign country) St. Louis

PARENTS

NAME OF FATHER Joseph Guggmos  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany  
MAIDEN NAME OF MOTHER Theresa Ludwig  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Joe Guggmos  
ADDRESS 4258 Connecticut

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Dec 3, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 2, 1911, to death, 1911, that I last saw him alive on Dec 2, 1911, and that death occurred, on the date stated above, at 40 m.

The CAUSE OF DEATH\* was as follows:  
Abscess of liver with Bronchial and Indolent Perforation

Contributory A blow from machine he fixed about 8 mths previous.  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) Christ H. Guggmos  
410, 1911 (Address) 722 1/2 Jefferson

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

PLACED OF BURIAL OR REMOVAL St. Matthews Cem DATE OF BURIAL Dec 6, 1911

UNDERTAKER Albert Piffner ADDRESS 3700 Morganfield Rd.

Filed 2.12, 1912 A. L. Snodgrass REGISTRAR

Original file, date DEC 1911 All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

[[Approved by U. S. Census and American Public Health  
Association]]

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