WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

39932

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Bernard Hosp. St. ..... Ward)

File No. .....

Registered No. 11948

2. FULL NAME Mazie Guetebier

(a) Residence. No. 1622 N. 19th St. St., 26 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2nd 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
41	4	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo.

PARENTS

10. NAME OF FATHER: Ernest Eissenhauser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.

12. MAIDEN NAME OF MOTHER: Don't know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.

14. INFORMANT: Henry Guetebier
(Address) 1622 N. 19th St.

15. FILED DEC 18 1926 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-16-26

17. I HEREBY CERTIFY, That I attended deceased from 12-8, 1926, to 12-16-, 1926 that I last saw her alive on 12-16-26 19..., and that death occurred, on the date stated above, at 4 45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

54B

129 Peritonitis

93C Chr Myocarditis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Multiple Fibroid Uterus Benign (duration) ? yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Louis

DID AN OPERATION PRECEDE DEATH? yes DATE OF 12-9-26

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C J McEnaney, M. D

12-17, 1926 (Address) Barnard Free Skin & Cancer Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Peters

DATE OF BURIAL: Dec 19 1926

20. UNDERTAKER: Hy Leidner Und Co

ADDRESS 1427 N. Market St