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

Do not use this space.
15207
~~14940~~

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis (No. St Johns Hospital St. ..... Ward)

File No. .....
Registered No. 23132

2. FULL NAME Dora Guhman

(a) Residence. No. 723 Field Av St., 1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Guhman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23 - 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	26	7	22	

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) Edwardsville Ill

PARENTS

10. NAME OF FATHER John V Hahn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Edwardsville
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Alvina Hartung
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Edwardsville
(STATE OR COUNTRY) Illinois

14. INFORMANT John C. Guhman
(Address) 5726 Bartmer

15. FILED APR 16 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 13th, 1928, to April 14th, 1928 that I last saw h. ALIVE on April 14th, 1928, and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

59
93c Diabetic Coma due to
Diabetes Mellitus
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 59
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? Urinary Acids
(Signed) Alphonse N. Kahn, M. D.
, 19 (Address) 3220 Lemp Ave Blvd

*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 Calvary — DATE OF BURIAL 4/17 1928

20. UNDERTAKER Hangan & Heathaus Mortuary — ADDRESS 4475 Washington

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.