

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

Do not use this space.

22726

1. PLACE OF DEATH

County Jackson
Township Blue
City Farmington (No. 10 214 Van Horn Rdf St. _____ Ward)

Registration District No. 398
Primary Registration District No. 554

File No. _____
Registered No. 229

2. FULL NAME

Francis B. Guggenheim

(a) Residence. No. 10214 Van Horn St. Ward. _____

(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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min!
57 11 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Reeves Supply
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

10. NAME OF FATHER Jacob T. Guggenheim

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

12. MAIDEN NAME OF MOTHER Isabella Longaker

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

14. INFORMANT Mrs. Lula S. Guggenheim (Address) 10214 Van Horn Rd

15. FILED 7-8, 1930 Dr. F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7, 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr. 16, 1929, 1929, to July 1, 1930, 1930, that I last saw him alive on July 1, 1930, and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
with hypertrophy
of heart muscle
(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) enlargement of liver
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. L. Ray, M. D.

*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 Mt. Washington DATE OF BURIAL July 9, 1930

20. UNDERTAKER L. H. Newcome & Sons Co. ADDRESS _____

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 OCCURRENCE is very important.

PARENTS

1-88

137