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.

30831

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 4433, Leona Ave St. ..... Ward)

File No. 8541

Registered No. .....

2. FULL NAME Louise Guge

(a) Residence, No. 4433 Leona Ave. St., 15 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 Lee Guge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1902

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
30	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St James Mo. 1

FATHER

13. NAME Victor Wm Reitz 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio 2

MOTHER

15. MAIDEN NAME Margaret Dauernheim

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo. 1

17. INFORMANT (ADDRESS) Lee Guge 4433 Leona Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peter + St Paul Cemetery DATE 9/24 1932

19. UNDERTAKER (ADDRESS) Biedenwieden Funeral Home Inc 1936 St Louis Ave

20. FILED SEP 23 1932 Max C. Parker Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/16, 1932, to 9/17, 1932

I last saw her alive on 9/17, 1932 Death is said to have occurred on the date stated above, at 10 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left hemiplegia	9/16/32
92A Apoplectic	
82A	
56E	

Other contributory causes of importance:

Mitral Insufficiency

Rheumatic Fever acute

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) V. J. Meinhardt M.D. M. D.

(Address) Grand & Hebert St Louis Mo.