

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

Do not use this space.

41883

1. PLACE OF DEATH

County _____ Registration District No. 791

Township _____ Primary Registration District No. 4000

City St. Louis (No. City Hospital)

14668 George Guerke

2. FULL NAME
(a) Residence, No. 2606 So. Broadway, 23 Ward.
(Usual place of abode)

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

File No. _____
Registered No. 10972
St. _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Emily Guerke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2-1871

7. AGE YEARS 61 MONTHS 70 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 58

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

13. NAME Gus Guerke

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10

15. MAIDEN NAME Katherine Unknown

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hospital information city hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE New Mausoleum DATE Dec 3 1932

19. UNDERTAKER (ADDRESS) Wackerz Belderle 2331 So. Broadway

20. FILED DEC 12 1932 May O. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27th, 1932, to Dec. 10th, 1932

I last saw him alive on Dec. 10th, 1932 Death is said to have occurred on the date stated above, at 8:50 a.m.

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

Lobar Pneumonia
myxema
108
110A

Other contributory causes of importance: _____

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) Dr. Miller M. D.
(Address) City Hospital

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.

