

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township North St. Louis Primary Registration District No. 6033-B
 City St. Louis, Mo. (No. 7107 Hunter Ave) St. Ward

File No. 14124Registered No. 1072. FULL NAME Richard G. Guggenbuchler

(a) Residence, No. 7107 Hunter Ave. St. Ward
 (Usual place of abode)

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. (If nonresident, give city or town and State)

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 Elara Guggenbuchler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 5 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. Elder Mfg Co
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) Ills.

MOTHER FATHER 13. NAME John Guggenbuchler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

MOTHER 15. MAIDEN NAME Mary Seust
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Elara Guggenbuchler (ADDRESS) 7107 Hunter Ave18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem DATE April 18, 193419. UNDERTAKER Hy Leidner Mfg Co (ADDRESS) 1417 N. Market St20. FILED 4-17-34 W. Baechner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2107 Hunter Ave, 1933, to , 1934. I last saw alive on , 1934. Death is said to have occurred on the date stated above, at 7-A.m.

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

Automobile accident, 3/8/34. Was Date of onset
pedestrian, struck by machine at
Corner of 12th and Lucas Ave. St.
Louis, Mo. Taken to St. Louis City
Hospital for emergency care and
removed to a private hospital.

Complete fracture of the upper portion of the lower leg, both bones with confusion and bruising, and

Name of operation Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Acc't. Date of injury 3/8/34

Where did injury occur? Lucas and 12th St. Louis
 (Specify city or town, county, and State)

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

Manner of injury auto accident
 Nature of injury (pedestrian) struck by auto

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify

(Signed) John P. Turner M.D.
 (Address) 3718 Broadway, St. Louis, Mo.

Rowan, St. Louis, Mo., Mo. 4/19/34

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.

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57

112 212

hemorrhage of the entire structure of the upper and lower leg. Many small bruises and abrasions about body, face head and hands, with internal injuries.

Secondary; Acute dilatation of right heart, with many organized clots. Generalized weakness, toxemia caused by the absorption of the dead blood from chest injury and leg injury.