

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

Do not use this space.

17590

1. PLACE OF DEATH

County Osage Registration District No. 641
 Township Meta Primary Registration District No. 4385
 City Meta (No. _____) St. _____ Ward _____

2. FULL NAME

Herman G. Guetenloff
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 21 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 Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Emma Guetenloff
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 - 1863
 7. AGE YEARS 71 MONTHS 10 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc. Retired Mail Carrier
 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) Sept 1928 11. Total time (years) spent in this occupation 15

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

13. NAME Fred Guetenloff

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

15. MAIDEN NAME Rydzak Marconi

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

17. INFORMANT (ADDRESS) Herman Guetenloff, Meta

18. BURLIAC, CREMATION, OR REMOVAL (PLACE) Meta DATE May 21, 1934

19. UNDERTAKER (ADDRESS) H. N. Stroup, Meta

20. FILED May 18, 1934 Robert Prater Registrar.

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14 1934 to May 16 1934
 I last saw him alive on May 16 1934. Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:

Coronary Atherosclerosis Date of onset 94
Myocardial Infarction
High Blood Pressure
 Other contributory causes of importance:
Renal Carditis
Chronic Nephritis

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) S. E. Gaston, M. D.
 (Address) Meta, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state SPECIFIC INFORMATION should be carefully supplied.

JUN 25 1934

