

MAY 13 1935

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

Do not use this space.

14592

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *Missouri Baptist*) St. Ward

File No.
Registered No. **3425**

2. FULL NAME

Emma Guenther
(a) Residence, No. *4268 Clarence Ave* Ward *10*
(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 *F.* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Theodore Guenther*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 25, 1863*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 19

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

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

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. Louis*13. NAME *Wm Gieselman*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*15. MAIDEN NAME *Louise Taffey*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*17. INFORMANT *Arthur Guenther*18. BURIAL, CREMATION, OR REMOVAL PLACE *Concordia* DATE *4-17-35*19. UNDERTAKER *Pronep Ind. Co*(ADDRESS) *3710 N. Grand Blvd*20. FILED *APR 15 1935*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-14-35*22. I HEREBY CERTIFY, That I attended deceased from *April 3*, 19*35*, to *April 14*, 19*35*I last saw h. *alive* on *April 14*, 19*35* Death is saidto have occurred on the date stated above, at *11:17 a.m.*

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

*Broncho-pneumonia**Primary*Date of onset *17 days*

Other contributory causes of importance

Name of operation..... Date of.....

What test confirmed diagnosis? *Phys Ex* 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) *Tolson Cameron* M. D.(Address) *538 N. Grand Blvd*

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.

Dr. S. Cameron 1-3 P.M.
Mech. Bldg.