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.

MAR 3 1936

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

Do not use this space.

8096

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1773

Township ..... Primary Registration District No. 1003 Registered No. 1773

City St. Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Otto Guggenmoss

(a) Residence, No. ..... St., N R Ward. Warrenton Mo
(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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26th 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	3	20	

OCCUPATION

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

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

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) Missouri

FATHER

13. NAME Joseph Guggenmoss

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

MOTHER

15. MAIDEN NAME Louise Mallinckrodt

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

17. INFORMANT (ADDRESS) Josephine McCallum 4236 A. Shaw Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Warrenton Mo DATE Feb. 20th 1936

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Sven 4238 N. Bristol Ave.

20. FILED FEB 17 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-14-, 1936, to 2-16-, 1936

I last saw him alive on 2-16-, 1936 Death is said to have occurred on the date stated above, at 8.30 a m.

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

Cerebral Hemorrhage — Date of onset 2/14/36

82 a

Other contributory causes of importance: none

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

What test confirmed diagnosis? Physical Exam. 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) E H Edwards M. D.

(Address) 4216 Shaw Blvd