

OCT 21 1936

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

Do not use this space.

39093

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1008**  
City **St. Louis** (No. **Deaconess Hospital**) St. .... Ward)

2. FULL NAME **Edward Julius Guermann**

(a) Residence, No. .... St. **NR** Ward. **Ballwin, Mo.**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **0** yrs. **0** 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mattie Rogers Guermann**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 19-1904**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**31 11 25 16**

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

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

10. Date deceased last worked at this occupation (month and year) **Oct. 4-1936** 11. Total time (years) spent in this occupation. **6**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ballwin, Mo.**

FATHER 13. NAME **Karl Guermann**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ballwin, Mo.**

MOTHER 15. MAIDEN NAME **Ada Bohm**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ballwin, Mo.**

17. INFORMANT (ADDRESS) **Mrs. Mattie Guermann Ballwin, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Ballwin, Mo.** DATE **Oct. 8-1936** **Salem M. E. Cem.**

19. UNDERTAKER (ADDRESS) **Schrader's Fun. Home Ballwin, Mo.**

20. FILED **OCT 6 1936** **J. Biedlack** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct-5-1936** 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at **7:45** a.m.

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

**Fract skull, ruptured right kidney, rec'd when fly wheel from sawing equipment broke & struck deceased in yard at residence. deceased was operating saw.**

Other contributory causes of importance:

Name of operation **1945 M** Date of .....  
What test formed diagnosis? ..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accid.** Date of injury **10/5, 1936**

Where did injury occur? **Ballwin, Mo.** (Specify city or town, county, and State)

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

Manner of injury **see above**

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **John P. Guermann** (Signed)

(Address) **Ballwin, Mo.**

**10/6/36**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

