

REC'D FEB 10 1939

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

791
1008

951
Do not use this space.

951

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City or St. Louis..... (d) Street No. No. Baptist Hosp...... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ⁵²¹ Arthur W. Guenzberger

(a) Residence, No. 715 Limit St. NR
(Usual place of abode, if no street address, write county or city) (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 Regina Guenzberger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 2 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Newspaper Advert
10. Date deceased last worked at this occupation (month and year) 1/2/39 Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME William Guenzberger 0

14. BIRTHPLACE (CITY OR TOWN) ST. LOUIS 7
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elsa Weiss

16. BIRTHPLACE (CITY OR TOWN) Alsace-Lorraine
(STATE OR COUNTRY) France

17. INFORMANT Mrs. A. W. Guenzberger
(ADDRESS) 715 Limit

18. BURIAL, CREMATION, OR REMOVAL
Place Memorial Park DATE 1/31 19 39

19. FUNERAL DIRECTOR (NAME) H. B. Berger
(ADDRESS) 4715 McPherson

20. FILED JAN 31 1939 J. F. Brudeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1939

22. I HEREBY CERTIFY That I attended deceased from January 29, 1939 to January 30, 1939
First saw him alive on January 29, 1939 Death is said to have occurred on the date stated above, at 11:55 A.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Type VI
Date of onset 1-27-39

Other contributory causes of importance:
Collapsed Right Lung (Post-Pneumonia) 1930
Chronic Myocarditis 1930

Name of operation None Date of.....
What test confirmed diagnosis? Lab. & X-ray 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.

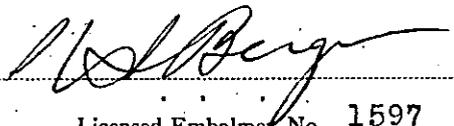
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify.....
(Signed) P. D. Hays, M. D.
(Address) 402 No. Taylor

#901
Cert. No.
Holmes

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed 

Licensed Embalmer No. 1597

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.