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.

REC'D APR 13 1939

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

Do not use this space.

12080

1. PLACE OF DEATH
County St. Charles
Township
City St. Charles (No. St. Joseph Hosp. St. Ward)
Registration District No. 757
Primary Registration District No. 3036
File No.
Registered No. 45

2. FULL NAME Anthony Gue
(a) Residence, No. Pattonville, Mo. St., Ward.
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1869

7. AGE: YEARS 70 | MONTHS — | DAYS 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Peters, Mo. Missouri

FATHER
13. NAME John Gue
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Catherine Gue, Pattonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters, Mo. DATE 4-3-1939

19. UNDERTAKER (ADDRESS) Baumann Bros. Inc. 2504 Woodson Rd. Overland, Mo.

20. FILED 4/3 1939 Clarence G. Nessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1939, to March 31, 1939
I last saw him alive on March 31, 1939. Death is said to have occurred on the date stated above, at 7:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - Left Upper Lobe	Feb 26, 1939
Empyema - Left	3-8-39
Sangrene Upper Lobe - Left	

Other contributory causes of importance: 108

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

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. R. Russell, M. D.
(Address) St. Joseph Hospital St. Charles Missouri

Oscar F. Mueller
3039