DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 816

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 816

FILED FEB 17 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3947a Gravois Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3947a Gravois Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Guerke

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 25 (Day) 1877 (Year)

8. AGE: Years 62 | Months 10 | Days 0 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Delicatessen Owner

11. Industry or business retired

FATHER
12. Name William Guerke
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Margaret Hoffman
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Margaret Baumgartner
(b) Address 3947a Gravois Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) JAN 27 1940 (Date received local registrar) (b) J. Budde (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25th year 1940 hour 2:20 minute P.M. M.

21. I hereby certify that I attended the deceased from Feb. 1st, 1934, to Jan. 25, 1940, that I last saw him alive on Jan. 25, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease	6 yrs
Due to: Usual causes	
Due to:	
Other conditions: None. (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: None.	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury —

23. Signature Tom C. Gaile (M. D. or other) MD
Address 1504 So. Grand Blvd. Date signed 1/26/40.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.
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. Leon Halle
1504 So Grand Blvd.
2-4-20

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 Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.