

S. No. 2  
1-4-13-40  
v. 5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **30488**  
Registrar's No. **7827**

FILED OCT 18 1941

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
MOTHER FATHER

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:  
**5343 Arsenal**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **none**  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5343 Arsenal**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?  
**0** years.

3. (a) PRINT FULL NAME **Evelyn Guelker**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Arthur Guelker** 6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **June 19, 1914**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>27</b>	<b>3</b>	<b>10</b>	hr. min.

9. Birthplace **Bonne Terra, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John Compton**

13. Birthplace **Palmer, Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Melissa Wright**

15. Birthplace **Palmer, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Guelker**

(b) Address **5343 Arsenal**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10-1-1941**  
(Month) (Day) (Year)

(c) Place: burial or cremation **New St. Peter & Paul**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester**

19. (a) **SEP 30 1941** (Date received local registrar) (b) **J. P. Buebeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **29**  
year **1941** hour **8** minute **A.** M.

21. I hereby certify that I attended the deceased from **September 19, 1940** to **Sept. 29, 1941**;  
that I last saw her alive on **Sept. 26, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Albert Kaplan** (M. D. or other) **0**  
Address **634 N. Grand** Date signed **9-30-41**

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

Dr. A. Kaplan

**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..... *J. C. Burgess* .....  
Licensed Embalmer No. *4029* .....  
P. O. Address..... *Maplewood* .....

**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, fact should be so stated above.**