

FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30617

State File No. _____

Registrar's No. 15-51

Registration District No. 161

Primary Registration District No. 5594

1. PLACE OF DEATH

(a) County Jefferson
(b) City or town Rural - Meramec
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community life years, months or days

3. (a) PRINT FULL NAME Christian Guenzler

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

4. Sex MO 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Guenzler 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 6 1868 (Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Jefferson Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Christian Guenzler, Sr.

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Wilhemena Bestaline

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Frost

(b) Address Catawissa, Mo.

17. (a) Burial (b) Date thereof Sept. 23, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery, Jefferson Co.

18. (a) Signature of funeral director Casert & Lentz

(b) Address St. Clair, Mo.

19. (a) 23 Sept 1942 (Date received local registrar) (b) J. A. Goussard (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 1942 hour 5:15 minute 0 A. M.

I certify that I attended the deceased from July 15, 1942 to Sept 26, 1942
that I last saw him alive on Sept 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 926

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 W. H. Steinkamp (M. D. or other) W. H.

Address Pacific Mo. Date signed 9/24

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

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

50
00
0

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.....

Ernest L. Ditzman

Licensed Embalmer No.....

4054

P. O. Address.....

Gerald, Mo

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.