S. No. 2
M—9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22391

FILED JUN 25 1943

Registration District No. 27

Primary Registration District No. 6076

Registrar's No. 1429

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 108 Kayser Avenue
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96 0

(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No. 108 Kayser Avenue
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Paul H. Guggemos

3. (b) If veteran, name war No

3. (c) Social Security No. 470-01-8169

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Annette Guggemos

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased December (Month) 2, (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	6	17	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Printing Pressman

11. Industry or business World Color Co., 422 Desota

FATHER
12. Name Joseph Guggemos
13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Theresa Ludwig
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Annette Guggemos
(b) Address 108 Kayser

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 22 (Day) 43 (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Hilderle Und. Co.
(b) Address 3634 Gravois Avenue

19. (a) JUN 21 1943 (Date received local registrar) (b) C. D. McHaven, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 15, 1943, to June 19, 1943;
that I last saw him alive on June 19, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis (Bilateral) — Duration about 3 years.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 [signature] (M. D. or other) MD
Address 3606 Gravois Date signed 6/19/43

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Hand

Licensed Embalmer No. 2645

P. O. Address St Louis 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.