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U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

State File No. 4300
Registrar's No. 124

FILED JAN 24 1944
Registration District No. 51

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Creve Couer
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R. # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Creve Couer
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. # 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward F. Guessfeld
3. (b) If veteran, name war None
3. (c) Social Security No. Unk.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lottie Jane Guessfeld
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased June 11 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 3 hr. _____ min.

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

10. Usual occupation Pressman
11. Industry or business Star-Times Newspaper

12. Name August Guessfeld
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Guessfeld
(b) Address Creve Couer, Missouri
17. (a) Burial (b) Date thereof 1-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd.
JAN 18 1944
19. (a) E. G. Mc Gavran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 14
year 1944 hour 5:00 minute P. M.
21. I hereby certify that I attended the deceased from May 4 to 1/14 1944
that I last saw him alive on 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Sepsicaemia
Due to Old Perinephritis
Due to Abcess
Other conditions Rt Nephrectomy
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 13381

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? _____

23. Signature Paul B. [Signature] (M. D. or other) _____
Address 3919 W. [Signature] Date signed 1/18/44

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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.....

Robert G. Koppe

..... Licensed Embalmer No. 2971.....

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, fact should be so stated above.