

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 20 1944
318THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29379

7936

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

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: Alexian Brothers Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 0 2 days
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME William A. Guenzburger3. (b) If veteran, name war no 3. (c) Social Security No. none4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Eleise Guenzburger 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased July 15 1874
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
70 1 28 hr. _____ min.9. Birthplace Stuttgart Germany 4
(City, town, or county) (State or foreign country)10. Usual occupation Salesman11. Industry or business Hobart Mfg. Co12. Name Adolph Guenzburger13. Birthplace Germany 4
(City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace Germany 4
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Mayme Ferrer(b) Address 3947 Lafayette ave17. (a) Cremation (b) Date thereof Sept-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Crematory18. (a) Signature of funeral director A. Ron R. Co(b) Address 2707 N. Grand Blvd19. (a) SEP 15 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
 (c) City or town St. Louis UNIVERSITY CITY
 (If outside city or town limits, write "RURAL") NR
 (d) Street No. 6603 Delmar Blvd
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1944 hour 9 minute 15 P.M.21. I hereby certify that I attended the deceased from Sept 1
1944 to Sept. 13, 1944that I last saw him alive on Sept. 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion
Arteriosclerosis
Diabetes Mellitus

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? _____

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

23. Signature [Signature] (M. D. or other) MD
Address 5859 Delmar Date signed 9-15-44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
079

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 V. E. Morris

Licensed Embalmer No. 3360

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.