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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3402

Primary Registration District No. 3062

Registrar's No. 2898

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
2437 HIGH SCHOLL DRIVE BRENTWOOD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 1 MONTH 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CRAWFORD

(c) City or town FANNING 23
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME EMMA CHRISTINA GUERRE

3. (b) If veteran, name war ____

3. (c) Social Security No. NIL

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife ALFRED Louis GUERRE

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

7. Birth date of deceased MAY (Month) 28 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	7	27	____ hr. ____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business ____

FATHER
12. Name EMIL BAMBERGER
13. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name CHRISTINA ITNER
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant HARRY A GUERRE

(b) Address 2437 HIGH SCHOOL DRIVE BRENTWOOD

17. (a) BURRIAL (Burial, cremation, or removal) (b) Date thereof 1-26-45 (Month) (Day) (Year)

(c) Place: burial or cremation KINDER CEM. CUBA MO

18. (a) Signature of funeral director Hollow Funeral Home Cuba Mo

(b) Address ____

19. (a) JAN 26 1945 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature) CMW

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1945 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 1st 1945 to Jan 24 1945;
that I last saw her alive on Jan 24 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Heart disease	?
Due to ____	
Due to ____	
Other conditions Terminal Pneumonia (Include pregnancy within 3 months of death)	2 days

Major findings:
Of operations ____
Of autopsy 9 4 6

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 Joseph McNearney (M. D. or other)

Address 2240 Brentwood Rd Brentwood Mo Date signed 1/24/45

(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 John Ketter

Licensed Embalmer No. 3880

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.