

FILED MAR 31 1947

Registration District No. **37**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Affton Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 11 Box 25 Gravois Rd. Affton, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Daniel S. Guehring**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Rosa Guehring** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **September 12 1887**
(Month) (Day) (Year)

8. AGE: Years **59** Months **6** Days **0** If less than one day
hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **Himself**

12. Name **William Guehring**

13. Birthplace **St. Louis Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Jemswell**

15. Birthplace **St. Louis Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rosa Guehring**

(b) Address **Rt. 14 Box 25 Affton, Mo.**

17. (a) **Burial** (b) Date thereof **March 15, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Johns Cem.**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**

(b) Address **7814 S. Broadway**

19. (a) **3-15-47** (b) **Arthur J. Ollenbrot**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Affton Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rt. 14 Box 25 Gravois Rd.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12**
year **1947** hour **5** minute **30 A.M.**

21. I hereby certify that I attended the deceased from
Feb 27 1947 to **Mar 12 1947**
that I last saw him alive on **Mar 10 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of the liver**
Due to **46 hr**

Duration

2

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:

(c) 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 **1**

23. Signature **Waldo Hill** (M. D. or other)
Address **Penay R 8 (23) Mo** Date signed **3/12/47**

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

MOTHER FATHER

STATE OF CALIFORNIA

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 *Harry J. Schumacher*
Licensed Embalmer No. *2679*
P. O. Address *7514 S. Broadway*

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.