

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>1890</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>16 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Catawissa</b>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>R.R.#1</b>			
3. NAME OF DECEASED (Type or Print) <b>William Christian Guenzler</b>			a. (First) <b>William</b> b. (Middle) <b>Christian</b> c. (Last) <b>Guenzler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-26-1949</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>12-29-1884</b>	
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>			11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Christian Guenzler</b>		13b. MOTHER'S MAIDEN NAME <b>Rorthea Bestain</b>		14. NAME OF HUSBAND OR WIFE <b>Eloise Guenzler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Eloise Guenzler</b>		ADDRESS <b>Catawissa Mo R.R.#1</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>157X</b>					
19a. DATE OF OPERATION <b>2-21-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Stomach with metastasis in Liver Mesentery</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Febr. 10, 1949</b> , to <b>Febr. 26, 1949</b> , that I last saw the deceased alive on <b>Febr. 25, 1949</b> , and that death occurred at <b>9:15 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>B. W. Klippel, M. D.</b>				23b. ADDRESS <b>3701 Grandel Square</b>		23c. DATE SIGNED <b>2/26/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-1-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>1800 Lamay Ferry Road Mo</b>	
DATE REC'D BY LOCAL REG. <b>FEB 28 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Zeigler Bros</b> ADDRESS <b>6409 Gravois Ave</b>			

JE 4430 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NR

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Henry A. Brammer*

Licensed Embalmer No.

*4200*

P. O. Address

*St. Louis*

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.