

S. No. 1000
V. 10.48

NOV 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36420

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9322**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Missouri	b. COUNTY Lemay St. Louis
c. LENGTH OF STAY (in this place) 14 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital		d. STREET ADDRESS (If rural, give location) 2230 Telegraph Road	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) HERMAN	b. (Middle) H.	c. (Last) GUHE	Oct. 7, 1952					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 27-1885	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR: Months	IF UNDER 1 YEAR: Days	IF UNDER 1 YEAR: Hours	IF UNDER 1 YEAR: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Cemetery		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Henry Guhe		13b. MOTHER'S MAIDEN NAME Kate Buckstruck		14. NAME OF HUSBAND OR WIFE Mary Cords Guhe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-09-5250		17. INFORMANT'S SIGNATURE OR NAME Alvina Lewis ADDRESS 7403 Michigan St. Louis 11 Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6. month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Rectum		
	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. Chr nephritis			

19a. DATE OF OPERATION Sept 23		19b. MAJOR FINDINGS OF OPERATION Cancer of Rectum		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 154X	

22. I hereby certify that I attended the deceased from **Sept 22, 1952**, to **Oct 7, 1952**, that I last saw the deceased alive on **Oct 6, 1952** and that death occurred at **12 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Alvina Lewis (Degree or title) MD		23b. ADDRESS 7619 Jay		23c. DATE SIGNED Oct 23, 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 9, 1952		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	
				24d. LOCATION (City, town, or county) (State) 7901 Gravois	

DATE REC'D BY LOCAL REG. OCT 8 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co. ADDRESS 781 So. Broadway St. Louis, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Alvina Lewis

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Levin C. Hoffmeister

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 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.