

1. PLACE OF DEATH a. COUNTY <i>Jefferson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jeff. High Ridge</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>High Ridge</i>		c. CITY OR TOWN <i>High Ridge</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mountain View Conv.</i>		d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Mary Guerling</i>			4. DATE OF DEATH Month Day Year <i>8 6 59</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1-27-1870</i>	9. AGE (last birthday) <i>89</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HO F.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>HOME</i>		11. BIRTHPLACE (City and state or country) <i>ST. LOUIS MO</i>		12. CITIZEN OF WHAT COUNTRY <i>US</i>	

13a. FATHER'S NAME <i>Domenic Castello</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret Comers</i>		14. NAME OF HUSBAND OR WIFE <i>Fred Guerling</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT Address <i>Frank Swatek 250 S. Brentwood Blvd.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Rt. Breast</i>			INTERVAL BETWEEN ONSET AND DEATH <i>abt. 1 yr.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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21. I attended the deceased from *5-5-58* to *8-6-59* and last saw her alive on *8-3-59*
 Death occurred at *5:35 a.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>R. D. Darnall, M.A.</i>		22b. ADDRESS <i>112 Mississippi Ave Capital City, Mo.</i>		22c. DATE SIGNED <i>8-6-59</i>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Aug. 8, 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St. Peter & Paul</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>	
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24. FUNERAL DIRECTOR ADDRESS <i>Moydell Funeral Home 1926 Allen</i>		25. DATE RECD. BY LOCAL REG. <i>8/8/59</i>		26. REGISTRAR'S SIGNATURE <i>John N. Tallberg</i>	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 13 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Shelley R. Jolley Jr
Licensed Embalmer No. 4950

P.O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.