

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37166

1. PLACE OF DEATH

County.....*St. Louis*..... Registration District No. *187501*
Township.....*Lutheran Hosp.*..... Primary Registration District No. *900000*
City.....*St. Louis*..... (No. *187501*)

File No.
Registered No. **9779**
St. Ward)

2. FULL NAME

Catherine Guese
(a) Residence, No. *2219 Cherokee* St., *24* Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *60* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Hy. Guese</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 3rd 1849</i>		
7. AGE	YEARS <i>83</i>	MONTHS <i>4</i>
	DAYS <i>29</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House work</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany. 10</i>		
FATHER	13. NAME <i>Peter Dietz</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany. 9</i>	
MOTHER	15. MAIDEN NAME <i>Not known</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany.</i>	
17. INFORMANT (ADDRESS) <i>J. Ebert no. Hotel</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Matthews</i> DATE <i>Nov. 5th 1932</i>		
19. UNDERTAKER (ADDRESS) <i>Mr. Schumacher 301 S. Chesapeake St.</i>		
20. FILED <i>NOV - 7 1932</i> <i>W. P. Barker</i> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 2 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 31*, 19*32*, to *Nov. 2*, 19*32*.
I last saw her alive on *Nov. 2*, 19*32*. Death is said to have occurred on the date stated above, at *12:55 P.M.*
The principal cause of death and related causes of importance were as follows:
Acute Lobar Pneumonia
Right mid lobe.
108
110B
108
Other contributory causes of importance: *Pleurisy Chronic.* **1**
Date of onset *Oct 30th*
Aug 1932

Name of operation..... Date of.....
What test confirmed diagnosis? *Clinical Phys.* Is there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No.*
If so, specify.....
(Signed) *Fernand P. Gaul* M. D.
(Address) *290 1/2 Cherokee St.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

