

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

Do not use this space.

MAR 12 1936

791

8512

**1. PLACE OF DEATH**

County.....

Registration District No. **1003**

Township.....

Primary Registration District No. **3923**

City.....

(No. **3923** *Cholozen Ave.*)

File No. ....

Registered No. **2211**

St. .... Ward)

**2. FULL NAME**

*William Guensche*

(a) Residence, No. .... St. **16** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Annie Guensche*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 23<sup>rd</sup> 1873*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
*62 4 4*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cook/Cleaner*  
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) *St. Louis Mo.*

FATHER 13. NAME *Charles Guensche*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER 15. MAIDEN NAME *Elizabeth Hubert*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Agnes Kramp* (ADDRESS) *6476 Wanda*

18. BURIAL, CREMATION, OR REMOVAL PLACE *N. St Peter & Paul* DATE *March 24, 1936*

19. UNDERTAKER *J. Helbertson & N. G.* (ADDRESS) *2630 Gravier St*

20. FILED **FEB 27 1936** *J. F. Bredick* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 27<sup>th</sup> 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 23, 1936* to *Feb 27, 1936*

I last saw him alive on *Feb 27, 1936* Death is said to have occurred on the date stated above, at *10 a. m.*

The principal cause of death and related causes of importance were as follows:

*Bronchitis acuta*

Date of onset

*Jan 23*

*107<sup>th</sup>*

Other contributory causes of importance:

*acute Bronchitis Pneumonia*

*Feb 21*

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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?

If so, specify .....

(Signed) *Adam G Youngman* M. D.

(Address) *5439/ Guadalupe*

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.

