

10 1938

RECD NOV 4 1938

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

36798

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township \_\_\_\_\_ Primary Registration District No. 200 Registered No. 1642  
(c) City Manchester (d) Street No. Manchester Nursing Home \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Theresa Guggemos

(a) Residence, No. 4258 Connecticut St. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Guggemos

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-21-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 4 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as 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) Germany l

FATHER 13. NAME Ludwig l  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany l

MOTHER 15. MAIDEN NAME Unknown l  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Paul H. Guggemos  
(ADDRESS) 4258 Connecticut St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B. Park DATE Oct. 12th 1938

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle  
(ADDRESS) 2331 S. Broadway

20. FILED OCT 10 1938 DR. Meyer Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October, 9th, 1938

22. I HEREBY CERTIFY, That I attended deceased from August, 1938, to Oct. 9, 1938  
I last saw her alive on Oct. 9, 1938. Death is said to have occurred on the date stated above, at 7:35 P. M.  
The principal cause of death and related causes of importance were as follows:

Date of onset Oct. 7, 1938  
Bronchopneumonia  
Age  
Other contributory causes of importance:  
Arteriosclerosis Aug. 1938 +  
Chronic Myocarditis ..  
Bed Sores Aug. 1938

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

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) Dr. Campbell M. D.  
(Address) 1128 1/2 Hamilton Ave.

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.

**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, .....

*Frank J. Hyland Sr.*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Frank J. Hyland Sr.*

Licensed Embalmer No. *2645*

P. O. Address.....

*St. Louis Mo.*

**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, above space should be left blank.**