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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32959

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7911

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mos. (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County.....
(c) City or town. St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5501 Magnolia Ave (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Guelker J.

3. (b) If veteran, name war. S/O 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Guelker 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Dec. 10th 1882 (Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Caroudeley Furniture

12. Name William J. Guelker J.

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Rose

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mary Guelker

(b) Address 5501 Magnolia Ave

17. (a) Burial (b) Date thereof 10-4-41 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter's Church

18. (a) Signature of funeral director Frederick Mortensen

(b) Address 4228 So. Kings Highway

19. (a) OCT 3 1941 (b) J. P. Kuebler (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2, year 1941 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from August 6, 1941 to October 2, 1941 that I last saw him alive on October 2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Parkinsons Disease

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy adhesive Pericarditis
Pulmonary edema

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature D. M. Petersen (Physician's signature)

Address 1515 Lafayette Ave. Date signed 10/2/41

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.....

..... Registered Apprentice No.

working under my personal supervision.

Signed

Eileen D. Mollerud

Licensed Embalmer No. 3024

P. O. Address.....

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.