

S. No. 2
DM-542
v. 5-17-39
X32671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38786

State File No.

FILED JAN -5 1943
Registration District No. 218

Primary Registration District No. 10012

Registrar's No. 10702

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4056 Quincy
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4056 Quincy
(If rural, give location)

(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Stella Guehne

MEDICAL CERTIFICATION

3. (b) If veteran, name war.....

3. (c) Social Security No.....

20. DATE OF DEATH: Month Dec day 21
year 1942 hour 2 minute 0 A. M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

21. I hereby certify that I attended the deceased from Aug 14 1940 to Dec 21 1942

6. (b) Name of husband or wife Rudolph Guehen 6. (c) Age of husband or wife if alive..... years

that I last saw her alive on Dec 19 1942 and that death occurred on the date and hour stated above.

7. Birth date of deceased August 4, 1885
(Month) (Day) (Year)

Immediate cause of death.....

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>4</u>	<u>17</u>	hr. min.

Due to Carcinoma of sigmoid

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

Due to Ho

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business.....

Major findings: Of conditions Melastase to Broad lymphent

12. Name John Guehne

Of autopsy none

13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Rudolph Guehne
(b) Address 4056 Quincy St.

PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/42
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

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

18. (a) Signature of funeral director John L. Ziegenhein
(b) Address 7027 Gravois Ave.

(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?.....

(Specify type of place) While at work?..... (a) Manner of injury.....

23. Signature Edwin Stettin (M. D. or other).....
Address 3805 So Bldway Date signed 12-21-42

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..... *E. P. Krdwee*.....
Licensed Embalmer No. *3877*.....
P. O. Address..... *7027 Grand*.....

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.