

FILED MAY 29 1948 17
Registration District No.

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
7114 Aliceton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

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

(d) Street No. 7114 Aliceton
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Mae A. Guensche

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex female / 5. Color or race white

6. (a) Single, widowed, married, divorced / married

6. (b) Name of husband or wife Charles W. Guensche

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May 9, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

48 0 10 hr. min.

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

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER { 12. Name Andrew Bradley

{ 13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Eva Frederic

{ 15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Guensche

(b) Address 7114 Aliceton

17. (a) burial (b) Date thereof 5/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. MAY 24 1948 (b) C. V. McParon
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 19, 1943
to 19 to 19;
that I last saw her alive on May 19, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage - 2 hrs
Duration

Due to Hypertension

Due to

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

8381

Underline the cause to which death should be charged statistically.

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 A. F. Plas (M. D. or other) MD

Address 3150 Morganfield Rd. Date signed 5/24/43

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

6
00

JUN 22 1943

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. Kidwell*.....
Licensed Embalmer No. *3877*.....
P. O. Address *7027 Gravois*.....

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.