

FILED MAR 20 1944  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2398

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL") 7 24  
(d) Street No. 2202 B Cherokee St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME William Guerker

3. (b) If veteran, name war..... 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 Lena 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 22 1878  
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 18 If less than one day  
hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name William Guerker  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Christina Ostendorf  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Guerker  
(b) Address 2202 B Cherokee St.

17. (a) Burial (b) Date thereof Mar. 13, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director John H. Becker Sons  
(b) Address 2530 Gravois Ave.

19. (a) MAR 12 1944 (b) Theresa  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March 10  
1944 year. 12 hour. 30 minute. A M.

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

Immediate cause of death Coronary Occlusion Arterio Sclerosis

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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) No Means of injury?.....

23. Signature Richard W. Perry (M. D. or other)  
Address St. Louis Date signed 3/12/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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..... *Robert T. Gebken* .....

Licensed Embalmer No. 4144 .....

P. O. Address. 2630 Gravois Ave. .....

**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.**