

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35023

FILED OCT 23 1948

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2004

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Berkeley City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8901 Natural Bridge
(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 St. Louis
(c) City or town Berkeley City
(If outside city or town limits, write "RURAL")
(d) Street No. 8901 Natural Bridge
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Estella Guerre

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Eugene F. Guerre

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

7. Birth date of deceased November 25 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 10 13 hr. min.

9. Birthplace Buffalo, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Harry Boaz

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

14. Maiden name Augusta Helman

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

16. (a) Informant Mrs. Ranchoñ Seymour

(b) Address 8706 Alva Ave.

17. (a) burial (b) Date thereof 10/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1205 Union Blvd.

19. (a) 10-9-48 (b) Becil A. Slapnick
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th
year 1948 hour _____ minute _____ M.

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

Immediate cause of death _____

Cause unknown

Due to _____

Due to _____

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

Major findings:

Of operations _____
Of autopsy _____

PHYSICIAN

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?

23. Signature Arthur S. Slapnick (M. D. MISSOURI)
Commissioner of Health Date signed 10-15-48
Address _____

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

96

MOTHER FATHER

2000

NOV 23 1976

Dr. S Sharp (8:30 -)
County Hosp.

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 Warren A Carver

Licensed Embalmer No. 3534

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.