

No. 300
10.48

FL 0034
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
CORR BY AFF
MAY 1950

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10104
2371
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Franklin 36	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Catawissa 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital 1 Day 0		d. STREET ADDRESS R.R.# 1		e. (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) Elsie		b. (Middle) J.		c. (Last) Goenezler Goenzler		4. DATE OF DEATH (Month) (Day) (Year) 3-12-1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Widow		8. DATE OF BIRTH 2-28-1884	
9. AGE (In years last birthday) 65		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Baumhoegger		13b. MOTHER'S MAIDEN NAME Rosina Romatcher		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME M. Joseph Baumhoegger		ADDRESS 4547 Goener Ave	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dehydration				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis					
		DUE TO (c) 930					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION H22				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) SU		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from March 12, 1949, to March 12, 1949, that I last saw the deceased alive on March 12, 1949, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE H. H. Schmeckel		(Degree or title) M.D.		23b. ADDRESS 6811 Gravois		23c. DATE SIGNED Mar 14/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-15-1949		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) 1800 Lemay Ferry Road Mo	

DATE REC'D BY LOCAL REG. MAR 15 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein Bros				ADDRESS 6409 Gravois Ave	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Henry M. Brammer

Signed _____

Student Embalmer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 10104-49
Local Registrar's No. 2371

State of..... }
County of..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of birth death
~~Fleise~~ Fleise J. Guenzler died 3-12-1949, 19....., in the State of
~~book~~ Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 2 should read Fleise J. Guenzler

Instead of..... Elsie Guenzler

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

Wm J. Fisher

Fun. Dir.

Relationship.

6811 Gravois

Present Address.

Subscribed and sworn to before me this H day of May, 1949

My Commission expires 3-4-53 Beulah Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

