

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2573

FILED JAN 26 1951

State File No.

310

1003

505

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
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 St. Louis		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4948 Hodiament Tracks				d. STREET ADDRESS (If rural, give location) 4948 Hodiament Tracks			
3. NAME OF DECEASED a. (First) Lydia (Type or Print)			b. (Middle) Guese		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1951		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 9-2-1864		9. AGE (In years last birthday) 86		10. MONTHS 0		11. DAYS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) New Haven, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Anton Wm. Herzog			13b. MOTHER'S MAIDEN NAME Wilhelmenia Heckmann		14. NAME OF HUSBAND OR WIFE J. Henry Guese		
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 ADDRESS Mrs. Elmer Sprecklemyer, 4948 Hodiament			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic myocarditis aortitis non specific ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Varicose ulcers 30 yrs. Senility Bedridden years.					INTERVAL BETWEEN ONSET AND DEATH 5yrs + 5yrs + 4221
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? X			
22. I hereby certify that I attended the deceased from Feb. 2, 1950 , to Jan. 16, 1950 , that I last saw the deceased alive on 21-1-50 , 19___, and that death occurred at 7:30 m., from the causes and on the date stated above.							
23a. SIGNATURE J. B. Proster			23b. ADDRESS 864 Hamilton Blvd St. Louis 12 Missouri		23c. DATE SIGNED 1-17-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-17-51	24c. NAME OF CEMETERY OR CREMATORY Immanuel Cemetery		24d. LOCATION (City, town, or county) (State) Berger, Missouri		
DATE REC'D BY LOCAL REG. JAN 17 1951		REGISTRAR'S SIGNATURE J. B. Proster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul Blumer, Berger, Missouri			

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J. W. Bentley*
Licensed Embalmer No. *3657*

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.

REPRODUCED FROM THE ORIGINAL