N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24804

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 1000a Hickory St. St. ..... Ward)

File No. .....

Registered No. 6968

2. FULL NAME Guy Showmaker Jr.

(a) Residence, No. 1000a Hickory St. St., W Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1Hr. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1932

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 1 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

FATHER

13. NAME Guy Showmaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Viena Illinois 2

MOTHER

15. MAIDEN NAME Nettie Z. Scaggs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont Missouri 1

17. INFORMANT (ADDRESS) Mrs. Nettie Z. Showmaker 1000a Hickory St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE COTTERSFIELD DATE JUL 28 1932

19. UNDERTAKER (ADDRESS) Shannon 1422 Carol

20. FILED JUL 27 1932 19 Max C Starkey Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15 4PM 1932 to July 15 5PM 1932

I last saw him alive on July 15, 1932 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Atelectasis of lungs (cong.)
Congenital Malformationheartt
157C
159
161A
159 ✓ ①

Date of onset

Other contributory causes of importance:
Prematurity

Name of operation None Date of .....

What test confirmed diagnosis? Phys. Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis Bauer, M. D.

(Address) 1032 Morrison