WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

40944

1. PLACE OF DEATH JAN 23 1936

County St. Louis — Registration District No. 790 — File No.

Township ~~Clayton~~ — Primary Registration District No. 6033 — Registered No. 359

City Clayton (No. St. Louis County hospital St. Ward)

2. FULL NAME Lawrence Guth

(a) Residence, No. 218 So. 14th Str. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode) St. Louis, Mo.

Length of residence in city or town where death occurred 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): don't know

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 16, 1871

7. AGE: YEARS 64 — MONTHS 10 — DAYS 21 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: don't know
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): Bloomington, Ill.

FATHER
13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Wm. Hopkins, %PWA Brentwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potters Field DATE 12/11 1935

19. UNDERTAKER (ADDRESS): Croghan Nord Co. 7146 Manchester

20. FILED 12/11 1935 Dr. A. J. Figuerelli Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/7/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1:05 am

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

Generalized arteriosclerosis, with Chr. myocarditis, chr. interstitial nephritis, generalized edema of extremeties, showing block heart.

Date of onset

Other contributory causes of importance:
Acute myocardial dilatation.
Senility.

Name of operation Coroner's view Date of no

What test confirmed diagnosis? Was there an autopsy?

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 12/7/35

(Signed) Luke B. Tinnon, M. D.

(Address) 3718 Jennings Rd

Coroner St. Louis Co. Mo.

100M-3-28-35