

REC'D APR 12 1939

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

8765

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... **2** Primary Registration District No. **1008**
(c) City..... **St. Louis** (d) Street No. **640 East Red Bud** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D. 4426

2. PRINT FULL NAME

6.36 **Guy Frederick**
(a) Residence, No. **640 East Red Bud St.** **9** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 14th 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 **5** **4**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **cook**
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) **Mobile Alabama**

FATHER 13. NAME **Charles Frederick**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mobile Alabama**

MOTHER 15. MAIDEN NAME **Imogene ?**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mobile Alabama**

17. INFORMANT (ADDRESS) **Hosp. Info. M. Kent**

18. BURIAL, CREMATION OR REMOVAL PLACE DATE **Mobile Alabama 3-17 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wm. Hermann & Son 216 East Fair Ave**

20. FILED **MAR 17 1939** **J. B. ...** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/16/39** 19

22. I HEREBY CERTIFY, That I attended deceased from **6/29/38** 19 to **3/16/39** 19
I last saw him alive on **3/16/39** 19. Death is said to have occurred on the date stated above, at **248 1/2** m.

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

Carcinoma (primary) Prostate gland metastases to hip

Other contributory causes of importance: **lung, spine, ribs left knee & spine.**

Name of operation **Bony** Date of **no**

What test confirmed diagnosis? **Bony** 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 **1**
Nature of injury **1**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **1**

(Signed) **1** M. D.

(Address) **City Hospital, No. 1**

STATEMENT BY LICENSED EMBALMER
OF THE STATE OF MISSISSIPPI

Blank signed G.F.

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 _____

Licensed Embalmer No. _____

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, above space should be left blank.