

30 1939

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

19871
Do not use this space.

DEC'D JUN 8 1939

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 200
(c) City Lemay, Mo. R-8 (d) Street No. Lemay, Mo. R-8 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.

2. PRINT FULL NAME Christina Guth
(a) Residence, No. Lemay, Mo. Route 8 St. (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or mfn.
	<u>51</u>	<u>11</u>	<u>14</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as saw mill, bank, etc. at home
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) Hungary Europe

FATHER

13. NAME Jacob Becker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Europe

MOTHER

15. MAIDEN NAME Eva Pieffer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Europe

17. INFORMANT (ADDRESS) Anton Guth
Lemay, Mo. R 8

18. BURIAL, CREMATION, OR REMOVAL PLACE Sun Set DATE May 30/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fendler Und. Co.
7420 Michigan Ave.

20. FILE MAY 30 1939 W. R. Meyer, M.D. (Address) Lemay, R 8 Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938 to May 27, 1939
I last saw her alive on May 26, 1939. Death is said to have occurred on the date stated above, at 7:15 A.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of the liver.
Date of onset ?

Other contributory causes of importance:
46'

Name of operation _____ Date of _____
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 _____
(Signed) Waldor Hill M. D.
(Address) Lemay, R 8 Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Oliver C. Gindler

....., Registered Apprentice No. *186*

working under my personal supervision.

Signed

Howard F. Rowland

Licensed Embalmer No. *3114*

P. O. Address *Stennis, Mo.*

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.