DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34502

Registration District No. 791 Primary Registration District No. Registrar's No. 9040

1003 NOV 15 1939

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 8 da. (Specify whether years, months or days) In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 22

(d) Street No. 1108 Armstrong (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Tennie Geyton 350

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Cold

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Eliza Guyton

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Feb. (Month) 15 (Day) 1869 (Year)

8. AGE: Years 70 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Miss (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business —

FATHER
12. Name Henry Fuller
13. Birthplace Miss (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Conway
15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jesse Fuller

(b) Address Chicago, Ills.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25, 1935 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J H Harrison

(b) Address 2906 Lawton

19. (a) OCT 24 1939 (Date received local registrar) (b) J F Bulrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 21 year 1939 hour 1:05 minute A. M.

21. I hereby certify that I attended the deceased from 9-13-, 1939, to 10-21-, 1939 that I last saw her alive on 10-21-, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia (Terminal)	7 days
Senile Dementia	5 - 6 Yrs.
Due to 186	
Due to 38	12 days
Other conditions (Include pregnancy within 3 months of death) Decubitus Ulcers - buttocks, Laceration of shoulder, lt Forehead	

Major findings: Of operations fell walking around in hospital

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 10-9-39

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? H. G. Phillips Hospital (Specify type of place)

While at work? (e) Means of injury

23. Signature Dean A Smart (M. D. or other)

Address 2601 N. Whittier St. Date signed 10-23-39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

V. S. No. 2. 50M-5-17-39 Rev. 5-17-39 1 X19511

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed James H Harrison

Licensed Embalmer No. 760

P. O. Address 2906 Lawton

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.