DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37572

Registration District No. 791 Primary Registration District No. Registrar's No. 9411

1. PLACE OF DEATH: 1003 2

(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:
1041 Goodfellow Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 1

(c) City ~~or town~~ St. Louis, 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1041 Goodfellow Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME John H. Guth. 3 or 1

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married.

6. (b) Name of ~~husband or~~ wife Lillian H. Guth.

6. (c) Age of ~~husband or wife~~ if alive 47 yrs. years

7. Birth date of deceased September 1, 1865.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	1	1	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Real Estate Broker.

11. Industry or business

FATHER
12. Name Elias Guth.
13. Birthplace ? (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Louisa Tuegel.
15. Birthplace New Minden, (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant's own signature Mrs. Lillian H. Guth.
(b) Address 1041 Goodfellow Ave.

17. (a) Burial (Burial, c[redacted]) (b) Date thereof 11-4-1939. (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Mascoutal, Illinois.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) NOV 3 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd.
year 1939. hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-25-39, 19__, to 11-2, 1939
that I last saw him alive on 11-1-39, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Uraemia	
Carcinoma of —	
Due to Sigmoid - Liver	
Lung - Cervical Glands	
Due to Sigmoid - Primary	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. C. McElvain (M. D. or other) MD
Address 4356 Warne Date signed 11/2/39

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. R. C. McElvain.
4356 Warne Ave.
, P.M.
Goodfellow 2500

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 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St Lou

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.