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FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9365

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2848

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. (Specify whether years, months or days)
In this community 2 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2316 McNair
(If rural, give location)

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

3. (a) PRINT FULL NAME Baby Guinan

3. (b) If veteran, name war ----- 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased March 4, 1940 (Month) (Day) (Year)

8. AGE: Years ------ Months Days If less than one day 2 hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

FATHER 12. Name Frank Guinan
13. Birthplace Illinois (City, town, or country) (State or foreign country)

MOTHER 14. Maiden name Mildred Osborn
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Ann Mo[illegible]
(b) Address City Hospital, #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address City Morgue

19. (a) MAR 27 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4, year 1940 hour 3:35 minute A. M.

21. I hereby certify that I attended the deceased from March 4, 1940 to March 4, 1940; that I last saw him alive on March 4, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Asphyxia

Due to

Due to

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 [illegible] (M. D. or other)
Address 1515 Lafayette, Date signed 3/6/40

(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.....

....., 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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.