No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 54

Registration District No. 791

Primary Registration District No.

Registrar's No. 54

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4419 Delor St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 70 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St.Louis 187
(If outside city or town limits, write "RURAL")

(d) Street No. 4419 Delore St. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 70 0 years.

3. (a) PRINT FULL NAME Robert E Guitteau

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Guitteau

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct 18 (Month) 1865 (Day) (Year)

8. AGE: Years 75 Months 2 Days 15 If less than one day hr. min.

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

10. Usual occupation Day Laborer

11. Industry or business

FATHER
12. Name Benjamin Guitteau
13. Birthplace Ohie (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Moore
15. Birthplace Tennesee (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Guitteau
(b) Address 4419 Delore St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6th/41 (Month) (Day) (Year)
(c) Place: burial or cremation S.S.Peter & paul

18. (a) Signature of funeral director Thos Lutis & Son
(b) Address 2906 Gravois Ave. 8 UU

19. (a) JAN 4 1941 (Date received local registrar) (b) J F Bridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 3 day
year 1941 hour 6 05 A.M. minute M.

21. I hereby certify that I attended the deceased from 2 yrs ago Dec 12, 1939, to Jan 3rd, 1941
that I last saw him alive on Jan 2nd, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arthur Sclerosis — Duration 2 yrs

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? (f) Means of injury

23. Signature W A Helfinger (M. D. or other) 0
Address 4124 Gravois Date signed

(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 Leo Budde, Registered Apprentice No. ..... working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address: St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.