70
S. No. 2
—1-4-41
5-12
FILED

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 17 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26761
Registrar's No. 6553

1. PLACE OF DEATH FILED SEP 17 1941

(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:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community 4 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo. (b) County 17
(c) City or town St. Louis. 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1717½ O'Fallon St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nora Guzzy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Guzzy.

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased October (Month) 9 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
45	10	0	hr. min.

9. Birthplace Ireland. (City, town, or county) 4 (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Thomas Mulligan. 4
13. Birthplace Ireland. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bridget Brett.
15. Birthplace Ireland. (City, town, or county) 4 (State or foreign country)

16. (a) Informant John Guzzy.
(b) Address 1717½ O'Fallon St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) AUG 11 1941 (Date received local registrar) (b) J. Koredich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9, year 1941 hour 3:00 minute AM.

21. I hereby certify that I attended the deceased from July 31, 1941, to August 9, 1941; that I last saw her alive on August 9, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation	
Due to Mitral Stenosis	
Due to Rheumatic Ht. disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As Above	

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 R. J. Maxwell (M. D. or other)
Address 1515 Lafayette Ave., Date signed 8/9/41

(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1957

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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, fact should be so stated above.