No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42940

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2659

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 12/21/41. (Specify whether years, months or days)

In this community unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 96

(c) City or town: Lemay
(If outside city or town limits, write "RURAL") 0

(d) Street No.: 713 Lagro
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME: Oscar L. Guth

3. (b) If veteran, name war: World War

3. (c) Social Security No.: Not remembered.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Carrie

6. (c) Age of husband or wife if alive: - 44 years

7. Birth date of deceased: January (Month) 19, (Day) 1891 (Year)

8. AGE: Years 50 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation: Janitor.

11. Industry or business: -

FATHER
12. Name: Joseph Guth
13. Birthplace: (City, town, or county) Illinois. (State or foreign country)

MOTHER
14. Maiden name: Caroline Rosener
15. Birthplace: (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant: M. Schulleg
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 12-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation: NATIONAL CEMETERY

18. (a) Signature of funeral director: [illegible]
(b) Address: 7814 S. [illegible]

19. (a) DEC 29 1941 (Date received by Registrar) E. M. [illegible] (Registrar's signature)

767 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27th, year 1941 hour 9:10 minute a. M.

21. I hereby certify that I attended the deceased from December 21, 1941 to December 27, 1941 that I last saw him alive on December 27, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Subarachnoid hemorrhage.	6 days
Due to Cerebral arteriosclerosis and Arterial hypertension.	Unknown
Due to	
Other conditions - (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No operation.
Of autopsy: Autopsy refused.

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): no
(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? (Specify nature of injury) 0

23. Signature: L. M. COCHRAN, M.D., (M. D. or other)
Address: Chief Medical Officer. Date signed: 12/27/41.

FEB 3 1942

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lancaster

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.