

No. 2
4-13-40
5-17-39
PI X29159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6997**

FILED MAR 2 1942
Registration District No. **475**

Primary Registration District No. **5580**

Registrar's No. **15-14**

1. PLACE OF DEATH: **JEFFERSON**
 (a) County.....
 (b) City or town **RURAL - MERAMEC**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **ST. JOSEPH'S HILL INFIRMARY**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **9 MONTHS - 10 DAYS**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **50**
 (a) State **MISSOURI** (b) County **JEFFERSON**
 (c) City or town **FESTUS**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **WEST MAIN ST**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **WILLIAM GUTHOREL**
 3. (b) If veteran, name war **NONE**
 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **JANUARY** day **20**
 year **1942** hour **1** minute **45 A.M.**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife **UNKNOWN** 6. (c) Age of husband or wife if alive **(DEAD)** years
 7. Birth date of deceased **DECEMBER 13 1861**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **4/17/41**
 to **1/19 1942**
 that I last saw him alive on **JANUARY 19 1942**
 and that death occurred on the date and hour stated above.

8. AGE: Years **80** Months **1** Days **8** If less than one day hr. min.

Immediate cause of death **Broncho - Pneumonia**
 Duration **107**

9. Birthplace **PEVELY - MO. 0**
 (City, town, or county) (State or foreign country)

Other conditions **Arterio Sclerotic Cardio Vascular Disease**
 (Include pregnancy within 3 months of death)
 Major findings: Of operations **none**
 Of autopsy **none**

10. Usual occupation **POLICEMAN**

11. Industry or business
 12. Name **PETER GUTHOREL**
 13. Birthplace **GERMANY**
 (City, town, or county) (State or foreign country)
 14. Maiden name **BRIDGET GORNELLY**
 15. Birthplace **IRELAND**
 (City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.
PHYSICIAN

16. (a) Informant **Brother Roch, O.S.F.**
 (b) Address **St. Joseph's Hill Infirmary**
 17. (a) **BURIAL** (b) Date thereof **11-21-42**
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence **None**
 (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?

(c) Place: burial or cremation **Camel Cemetery**
 18. (a) Signature of funeral director **Fink Und. Co.**
 (b) Address **Festus Mo.**
 19. (a) **23 Jan 42** (b) **James A. Downard**
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury
 Signature **Wm. McCarney** (M. D. or other)
 Address **6125A Bartmer** Date signed

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

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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~~.....

~~working under my personal supervision.~~.....
....., Registered Apprentice No.

Signed.....

Province

Licensed Embalmer No.

3403

P. O. Address.....

Festus, Mo.

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.