

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4810 EASTON AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 6
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4810 EASTON AVE
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME LAWRENCE F. GUITTAR

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED

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

7. Birth date of deceased. MARCH 31 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 11 30 ..hr. min.

9. Birthplace. ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation. SALESMAN

11. Industry or business. SELF

12. Name. EDWARD GUITTAR

13. Birthplace. FLORISSANT MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name. ELISA TEBEAU

15. Birthplace. FLORISSANT MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant. Marion E. Baum

(b) Address. 4810 EASTON AVE

17. (a) BURIAL (b) Date thereof 4-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. CALVARY

18. (a) Signature of funeral director. Cullen - Kelly

(b) Address. 1416 N. TAYLOR AVE

19. (a) MAR 31 1942 J. F. Oredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 30
year 1942 hour..... minute..... A.M.

21. I hereby certify that I attended the deceased from Mar 13
1942 to Mar 30 1942
that I last saw him alive on Mar 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction with acute
dissection

Due to.....

Due to.....

Other conditions. 1/24
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?
While at work?..... (Specify type of place) (e) Means of injury..... 0

23. Signature J. F. Oredick (M. D. or other) 0
Address 4901 E. Easton Ave Date signed 3/30/42

Duration
Physician
Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clement McQuay

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.