S. No. 2
M—5-42
v. 5-17-39
X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15383

FEB MAY 6 1943

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 834

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 Sept. 16, 1942 (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DEACEASED:
(a) State: Missouri (b) County: 17
(c) City or town: St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2318-a Franklin Avenue
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME: Willis Guinn
3. (b) If veteran, name war: World War #1
3. (c) Social Security No. 491-12-7706

4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Unavailable
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May 12, 1893 (Month) (Day) (Year)

8. AGE: Years 49 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace: Memphis (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: —

FATHER
12. Name: Jim Guinn
13. Birthplace: Unavailable (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name: Ida (maiden name unknown)
15. Birthplace: Unavailable (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant: Government Records, Vet.Adm.Fac.
(b) Address: Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery
18. (a) Signature of funeral director: Charles J. Gates
(b) Address: 4107 Finney Avenue
19. (a) APR 10 1943 (Date received local registrar) (b) C. D. McDuron, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd, year 1943 hour 12:15 minute P M.
21. I hereby certify that I attended the deceased from Sept. 16, 1942, to April 3, 1943, that I last saw him alive on April 3, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hepatitis, chronic, cause undet.	Unk.
~~Due to~~ Anemia, pernicious	Unk.
~~Due to~~	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: Not performed

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 (e) Means of injury
23. Signature: L. M. COCHRAN, M.D. (M. D. or other)
Address: Chief Medical Officer. Date signed: 4/4/43

707 (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 William C. McDowell, Registered Apprentice No. _____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 1711 North Taylor Aven

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.