

FILED MAY 27 1943 818
 Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 4 days
(Specify whether
 In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. -207 S. Leffingwell
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Wade Guy
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race Negro 6. (a) Single, widowed, married, divorced / Sep.
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 29, 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
 12. Name William Guy
 13. Birthplace W. Va.
(City, town, or county) (State or foreign country)
 14. Maiden name Melvina Jones
 15. Birthplace Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley Smith
 (b) Address 2601 N. Whittier St.

17. (a) Burial (b) Date thereof 5. 18. 43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Robinson Bros
 (b) Address 3644 Finney Ave

19. (a) MAY (b) J. D. Prusak
(Time of day) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14,
 year 1943 hour 4 minute 20 P. M.
 21. I hereby certify that I attended the deceased from April
10, 1943, to May 14, 1943;
 that I last saw him alive on May 14, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Degenerative Heart Disease
Hypertension
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Duration
 Unk.
 Unk.

Major findings:
 Of operations _____
 Of autopsy _____

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature S. E. Smith (M. D. or other)
 Address 2601 Whittier Date signed 5/17/43

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.....

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney Av*

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.