

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 31 1948
1818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6568

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Luthern Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 6324 Idaho (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Evelyn DeGuire

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 3, 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 I I6 _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

12. Name Daniel DeGuire

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

14. Maiden name Mattie DeGouia

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

16. (a) Informant Mattie DeGuire

(b) Address 6324 Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date of death July 22, 1948 (Month) (Day) (Year)
Greenwood Cemetery

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue
JUL 20 1948 (Date received local registrar) (c) J. F. Arndt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 25 1948 to July 19 1948 that I last saw her alive on July 19 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic Cirrhosis Duration 1 yr.
Due to Nephritis Chronic 1 mo.
Due to Spondylitis Chr. Supp. 1 yr.

Other conditions (Include pregnancy within 3 months of death) 16

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 J. Lewis Hutton (M. D. or other) M.D.

Address 3606 Grand Date signed 7/20/48

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

MOTHER FATHER

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..... *Oliver E. Fendley*
Licensed Embalmer No..... *4458*
P. O. Address..... *St Louis 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.