

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED FEB 18 1944

Registration District No. 318

Primary Registration District No. 1003

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

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:
Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nora Emma Guthrie

3. (b) If veteran, name war. None

3. (c) Social Security No. None

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 Jan. 5, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>0</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Pleasant Hill, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired School Teacher

11. Industry or business _____

12. Name Henry Guthrie

13. Birthplace Pleasant Hill, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Windmiller

15. Birthplace Pleasant Hill, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Guthrie

(b) Address Pleasant Hill, Illinois

17. (a) Removal (b) Date thereof 2-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) FEB 8 1944 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike

(c) City or town Pleasant Hill
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1944 hour 11:45 minute A M.

21. I hereby certify that I attended the deceased from Feb. 3, 1944 to Feb. 4, 1944
that I last saw her alive on Feb. 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiectasis, lower lobe of left lung

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy as above

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature D. C. Army (M. D. or other) _____
Address Barnes Hospital Date signed 2/8/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Albert S. Hopper

..... Licensed Embalmer No.....

1861

P. O. Address.....

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.