

FILED FEB 7 1945
318
Registration District No.

Primary Registration District No.

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

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:
Bethesda Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 10 days
(Specify whether years, months or days)
 In this community..... 25 years

3. (a) PRINT FULL NAME HARRY GUEST
 3. (b) If veteran, name war..... World War 1
 3. (c) Social Security No.....

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced..... Married
 6. (b) Name of husband or wife..... Flora Guest
 6. (c) Age of husband or wife if alive..... 47 years
 7. Birth date of deceased..... 1979 7 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 6 18
 hr. min.

9. Birthplace Glascow Scotland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Instructor

11. Industry or business Hadley Vocational School

MOTHER FATHER
 12. Name Henry Guest
 13. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)
 14. Maiden name Catherine Mc Kay
 15. Birthplace Unknown Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Flora McKinlay Guest
 (b) Address 5673 Cates Avenue

17. (a) Burial (b) Date thereof..... 1-27-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Valhalla Cemetery

18. (a) Signature of funeral director Alexander & Sons
 (b) Address 6175 Delmar Boulevard

19. (a) JAN 25 1945 J. F. Brudich
(Date received local registrar) (Registrar's signature)

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..... 5673 Cates Avenue
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
 year 1945 hour 101 minute..... A.M.
 21. I hereby certify that I attended the deceased from January 16th
 1945, to January 25th 1945
 that I last saw h. live alive on January 2nd 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death..... Coronary thrombosis Duration 10 days
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death)
 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?
(Specify type of place)
 While at work?..... (e) Means of injury.....
 23. Signature Eruet Younger (M. D. or other) N.D.
 Address Bethesda Hosp. Date signed 1/25/45

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..... *Thomas R. Jenovick*

Licensed Embalmer No. *3793*

P. O. Address. *6175 Helma 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.