

FILED APR 27 1945

Registration District No. 318 Primary Registration District No. 1003

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:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3437 Oregon Ave.
(If rural, give location) 24

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Guitar

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

4. Sex Male 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 21st, 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1945 hour 8:55 minute P M.

21. I hereby certify that I attended the deceased from 4/12/45
_____ 19 _____ to 4/14/45 19 _____
that I last saw h. im alive on 4/14/45 19 _____
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 9 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation R.R. Clerk

11. Industry or business Retired

MOTHER FATHER { 12. Name Louis Guitar

13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Rose Guitar

15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Mary C. Guitar
(b) Address 3437 Oregon Ave.

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

18. (a) Signature of funeral director Zeigenheim Bros.
(b) Address 6409 Gravois Ave.

19. (a) APR 17 1945 (Date received local registrar) (b) J. J. Brebeck (Registrar's signature)

Immediate cause of death _____
Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 82

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 0

23. Signature James J. Stout (M, D, or other) _____
Address 1515 Lafayette 4/16/45 Date signed

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

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..... *Homer W. Fritz*

Licensed Embalmer No..... *3882*

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.