

FILED MAR 1 1948
318

STANDARD CERTIFICATE OF DEATH

State File No. 7488
1618
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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:
2720a Wyoming Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years years, months or days)

3. (a) PRINT FULL NAME Mrs. Caroline M. Guibor
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 Married /
6. (b) Name of husband or wife Raymond D. Guibor
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June 11, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 8 3 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Bruno Brinkmeyer
13. Birthplace St. Louis, Missouri /
(City, town, or county) (State or foreign country)

14. Maiden name Mary Paul
15. Birthplace Bourbon, Missouri /
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond D. Guibor
(b) Address 2720a Wyoming

17. (a) Burial (b) Date thereof: 2/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue

19. (a) J. F. Breuer
(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. 2720a Wyoming
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14,
year 1946 hour 10: minute 40 A. M.

21. I hereby certify that I attended the deceased from 1-21-46
to 2-14-46
that I last saw her alive on 2-14-46 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis, left
(hemiplegia)
Due to Melanotic Carcinoma

Due to Carcinoma of Cervix
(Primary)
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____

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. W. Wedley
Address 1602 S. Broadway
Date signed 2/15/46
(M. D. or other)

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

MOTHER FATHER

Dr. Dee W. Eades
7602 S. Broadway
1-3 7-8

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.....

Licensed Embalmer No..... 3737

P. O. Address..... 1926 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.