S. No. 2
(—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31427

FILED SEP 23 1947

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3832

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 4714 Grand Avenue (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Guy E. ST. JOHN
3. (b) If veteran, name war: no
3. (c) Social Security No.: 495-07-7046
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Teresa St. John
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: July (Month) 7 (Day) 1877 (Year)
8. AGE: Years 70 Months 02 Days 20 If less than one day ... hr. ... min.
9. Birthplace: Unknown (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Railroad Telegrapher
FATHER 12. Name: Max M. St. John
13. Birthplace: Unknown (City, town, or county) Canada (State or foreign country)
MOTHER 14. Maiden name: Josephine DeRome
15. Birthplace: Unknown (City, town, or county) Canada (State or foreign country)
16. (a) Informant: Mr. Louis St. John
(b) Address: 4714 Grand Ave., K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 9-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 year 1947 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from August 9th, 1947, to Sept 7th, 1947; that I last saw him alive on Sept 7th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	9 days
Due to: Arteriosclerosis	years
Due to:	
Other conditions (Include pregnancy within 3 months of death): thrombosis right femoral artery	3 days

Major findings:
Of operations: 83 B
Of autopsy:

PHYSICIAN — Underline the cause of 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: John L. Myers (M. D. or other) M.D.
Address: 815 Electric Bldg., K.C., Mo. Date signed 9-8-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. John A. Myers,
Shubert Bldg.
1115 Grand

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address K. C. 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.