

S. No. 2  
M-5-43  
7. 5-17-39  
X36671

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 4 1947  
Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 1003

32488  
State File No. \_\_\_\_\_  
Registrar's No. 9052

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
530 N. Union  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 60 years  
years, months or days) (Specify whether)

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. 530 N. Union  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Isabelle Guthrie Fenwick  
3. (b) If veteran, name war..... 3. (c) Social Security No.....  
4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced. M.  
6. (b) Name of husband or wife Wm. Milson Fenwick 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased Dec. 22 1874  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 28  
year 1947 hour 9: minute 00 A. M.  
21. I hereby certify that I attended the deceased from June 11 1947 to Sept 28 1947  
that I last saw her alive on Sept 24 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
72 9 6 hr. min.)

Immediate cause of death.....  
Coronary thrombosis  
Due to arteriosclerosis general  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

9. Birthplace Hamilton, Ontario, Canada  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

MOTHER FATHER {  
11. Industry or business.....  
12. Name Robert Guthrie  
13. Birthplace Canada  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Broomfield  
15. Birthplace Canada  
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant Wm. Milson Fenwick  
(b) Address 530 N. Union  
17. (a) entombment (b) Date thereof 9-30-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place Entombment Valhalla Mausoleum  
Alexander & Sons  
18. (a) Signature of funeral director J.F. Bredeck  
(b) Address 6175 Delmar  
19. (a) SEP 29 1947 (b) J.F. Bredeck  
(Date received local registrar) (Registrar's signature)

23. Signature Joseph W. Larimore (M. D. or other)  
Address 3750 Washington Ave Date signed 9/29/47

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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 P. Fenwick

Licensed Embalmer No. 3793

P. O. Address. 6175 Delmar

**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.**