

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

96000

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, give name before death) a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>	
c. LENGTH OF STAY (in this place) <u>8 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>907 a N. 15th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital U</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) <u>ANN</u> c. (Last) <u>GUINN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 30 49</u>
5. SEX <u>F 3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>8-18-16</u>
9. AGE (In years last birthday) <u>32</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 WKS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>ARKANSAS</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Ferguson</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza White</u>	14. NAME OF HUSBAND OR WIFE <u>CASEY GUINN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Koch Hospital Records, Koch, Missouri</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemolytic TRANSFUSION REACTION</u> ANTECEDENT CAUSES DUE TO (b) <u>Tuberculosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>138 DOCK</u>	
19a. DATE OF OPERATION <u>1-28-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Tuberculosis of Lung, Right upper lobe</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>MAY 18</u> , 19 <u>48</u> , to <u>JAN 30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>JAN. 30</u> , 19 <u>49</u> , and that death occurred at <u>12:50</u> a.m. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Bernard Friedman M.D.</u>		23b. ADDRESS <u>Koch Hosp, Koch Mo.</u>	23c. DATE SIGNED <u>12-30-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>2/5/49</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>West Point, Miss.</u>
DATE REC'D BY LOCAL REG. <u>2-4-49</u>	REGISTRAR'S SIGNATURE <u>Bernard Friedman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. L. Nash 3877 Pop</u>	

Mr. [illegible]

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *O. J. Nash*

Signed _____
Student Embalmer

Licensed Embalmer No. *2432*

P. O. Address *3847 Page*

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.