

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28920

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 363 Registrar's No. 2912

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b> <b>4002</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON</b> <b>4452</b>	
c. LENGTH OF STAY (in this place) <b>years</b>		d. STREET ADDRESS (If rural, give location) <b>800 SOUTH CENTRAL</b> <b>D</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>800 SOUTH CENTRAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARGARET</b>	b. (Middle) <b>HEIMBUECHER</b>	c. (Last) <b>GUTHRIE.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 15 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 8 1901</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>- - - - -</b>	11. BIRTHPLACE (State or foreign country) <b>Chicago, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William C. Heimbuecher.</b>	13b. MOTHER'S MAIDEN NAME <b>Lulu Mae Staley.</b>	14. NAME OF HUSBAND OR WIFE <b>N. Rawlins Guthrie, Jr.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>N. Rawlins Guthrie, Jr., Clayton, Mo.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of breast with generalized metastases</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>170X</b>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>Mar. 1950</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of breast</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 1940 to Aug 15, 1951, that I last saw the deceased alive on Aug 11, 1951, and that death occurred at 2 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Leo W. Stuever M.D.</b>	(Degree or title)	23b. ADDRESS <b>3720 Washington Blvd.</b>	23c. DATE SIGNED <b>8-15-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 17, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-15-51</b>	REGISTRAR'S SIGNATURE <b>Herbert P. Janku M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>	ADDRESS
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WRITE PLAINLY—USING 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 \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed: *Melvin L. Kemper*

Licensed Embalmer No. *4052*

P. O. Address *St. Louis, 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.