

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10900

FILED MAR 19 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 320

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR Clayton	
c. LENGTH OF STAY (in this place) years		46 4462	
d. FULL NAME OF HOSPITAL OR INSTITUTION # 15 WYDOWN TERRACE		d. STREET ADDRESS (If rural, give location) 15 Wydown Terrace	
3. NAME OF DECEASED a. (First) ANNIE		b. (Middle) M. E.	
c. (Last) GUYE.		4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUGUST 24 1872
9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) SAINT LOUIS, MISSOURI.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME AUGUST GUYE		13b. MOTHER'S MAIDEN NAME ELISE KUECK	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MRS ADELE RIESENBERG		ADDRESS 15 WYDOWN TERRACE	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolic cerebral		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Chronic Myocarditis rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 March 1, 1952 to Feb 5, 1952 that I last saw the deceased alive on Feb 5, 1952, and that death occurred at 1 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert K. Dowling	23b. ADDRESS 1918 East Central	23c. DATE SIGNED
24a. BURIAL, CREMATION REMOVAL (Specify) CREMATION	24b. DATE FEB. 6 1952.	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY.
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd
DATE REC'D BY LOCAL REG. 2/6/52	REGISTRAR'S SIGNATURE Herbert K. Dowling	

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

92.8
11/1

102.11

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 _____

working under my personal supervision.

Not Embalmed

Student Embalmer No.

Signed *Melvin J. Kempe*

Signed.....
Student Embalmer

Licensed Embalmer No. *403-2*

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.