

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

45331

State File No.

FILED JAN 19 1954

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12072**

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY 0 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS, MISSOURI (township)) | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL | | | | e. STREET ADDRESS (If rural, give location) 16 4024 Potomac St. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LEO | | | b. (Middle) KENRICK | | c. (Last) GUTHRIDGE | | 4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 21, 1953 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | | 8. DATE OF BIRTH March 6, 1896 | | 9. AGE (in years last birthday) 57 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman-United Shoe Machinery Co. | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0 | | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME Wm. J. Guthridge | | | 13b. MOTHER'S MAIDEN NAME Rose Ann Luby | | | 14. NAME OF HUSBAND OR WIFE Late Goldie Guthridge | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Leo K. Guthridge Jr. ADDRESS 4024 Potomac St | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMATOSIS, primary site unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of the liver. | | | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | | 20. AUTOPSY? YES <input 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) _____ m. _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 1999 | | | | | |
| 22. I hereby certify that I attended the deceased from 10-15-53 , 19____, to 12-21-53 , 19____, that I last saw the deceased alive on 10-21-53 , 19____, and that death occurred at 8:15A m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Paul W. Larson M.D. | | | | 23b. ADDRESS 1515 Lafayette Avenue | | | 23c. DATE SIGNED 12-21-53 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Dec. 24, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | | |
| DATE REC'D BY LOCAL DEC 22 1953 | | REGISTRAR'S SIGNATURE Carl Smith M.D. | | | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl. | | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed. *Richard W. Stovall*.....

Licensed Embalmer No. *4007*.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.