

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35544

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2436</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		c. LENGTH OF STAY (In this place) <u>40 yrs</u>		c. CITY OR TOWN <u>Lemay</u> <u>86</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>737 Lemay Ferry Rd.</u>		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS (If rural, give location) <u>737 Lemay Ferry Rd.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Frank</u>	b. (Middle) <u>J</u>	c. (Last) <u>Guth</u>	(Month) <u>Oct.</u>	(Day) <u>20,</u>	(Year) <u>1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 20, 1889</u>		9. AGE (In years to birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plaster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired. plastering</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jos. F Guth</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Roesner</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Guth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492104036</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Guth 737 Lemay Ferry Rd.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>					<u>6 Mo.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiac muscle disease</u>					<u>15 years</u>	
	DUE TO (c) _____						
	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 <u>443x</u>				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)		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>26 Sept, 1955</u> , to <u>16 Oct, 1955</u> , that I last saw the deceased alive on <u>16 Oct, 1955</u> , and that death occurred at <u>4:15a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Arch M. Chern MD</u>			23b. ADDRESS <u>3915 Watson Rd.</u>			23c. DATE SIGNED <u>22 Oct 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/24/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter &amp; Paul Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-22-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und. Co. 7420 Michigan</u>			

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

Dr. A. Ahern  
3915 Waterman Rd.  
Southwest Med Center

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *370*

P. O. Address *7420 Mi*

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.