No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13356

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1337

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3701 College Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 3701 College Ave.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Guy Leealion St.JOHN.

3. (b) If veteran, name war .....

3. (c) Social Security No 487-05-2155

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret St.John

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November (Month) 6th, (Day) 1876 (Year)

8. AGE: Years 64 Months 4 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business RockIsland Railroad Co.

FATHER
12. Name Mark B. StJohn
13. Birthplace ..... (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name Rovena McCoy
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant Edwin E. StJohn, brother,
(b) Address 19 Sou.19th St.,K.C.Kansas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley
(b) Address K. C. Mo.

19. (a) Apr 4 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1941 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to April 1, 1941, that I last saw him alive on April 1, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature John Sheldon (M. D. or other) MD
Address 25 th & Forest Date signed 4/4/41

(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.....

....., Registered Apprentice No. 267

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2999

P. O. Address KC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.