

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1231 Allen Market Lane /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 40 years  
years, months or days)

3. (a) PRINT FULL NAME Anna Guyot

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 14, 1882  
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 2 If less than one day hr. min.

9. Birthplace New York City, New York /  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Catherine Tieman

(b) Address 1231 Allen Market Lane

17. (a) Burial (b) Date thereof 6/18/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) JUN 17 1942 (b) J. F. Bedeck  
(Date local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1231 Allen Market Lane  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1942 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 14  
1942 to June 16, 1942

that I last saw him alive on June 16, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Uraemia

Due to Ch. Nephritis

Due to Ch. Myocarditis

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature R. Berg (M. D. or other) MD

Address 253 Webster Date signed 6/19/42

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

00  
17  
9

7-20-04

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed L. R. Casper

Licensed Embalmer No. 8633

P. O. Address. 2317 Lafayette St

**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.**