S. No. 2
M—2-48
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23034

State File No.

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6755

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED: 977 11

(a) State Illinois (b) County Pike

(c) City or town Pleasant Hill ON.R
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Mary Guthrie

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John H. Guthrie

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

7. Birth date of deceased May (Month) 13 (Day) 1881 (Year)

8. AGE: Years 62 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Pleasant Hill (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name John H, Berry

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

MOTHER 14. Maiden name Rocteria Oxley

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

16. (a) Informant John H. Guthrie

(b) Address Pleasant Hill, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/25/43 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) AUG 3 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7-16-43, 19..., to 7-24, 19 43, that I last saw her alive on July 24, 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Subdural hematoma — 5 weeks

Due to Cause unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Subdural hematoma

Of autopsy Same

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

23. Signature Gordon F. Moore (M. D. or other)

Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

6755

6755

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. Robert W. Hampe

Licensed Embalmer No. 1861

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