

FILED MAR 27 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

9013

State File No.

2434

Registrar's No.

Registration District No. 318

Primary Registration District 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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Allen
(c) City or town Scottsville
(If outside city or town limits, write "RURAL")
(d) Street No. 112 W. Cherry St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Oscar S. Guy

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lettie Guy 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Dec. 8 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Attorney

11. Industry or business _____

12. Name Calvin Guy
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elmine Justice
15. Birthplace Scottsville, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Lettie Guy
(b) Address Scottsville, Kentucky

17. (a) Removal (b) Date thereof 3-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Scottsville, Ky.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAR 13 1944 (b) J. Bredich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1944 hour 12:20 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 23
1944 to March 12, 1944
that I last saw him alive on March 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Brain
Due to Chemical Brain
Due to _____

Other conditions (Include pregnancy within 3 months of death) 87

Major findings: Of operations Same
Of autopsy Same

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 place) (e) Means of injury _____

23. Signature J. M. ... (M. D. or other) M. D.
Address 4952 Maryland ave. Date signed 3/13/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1964 AP

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

Albert G. Hoffe

Licensed Embalmer No. 2971

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.