

FILED JAN 20 1945

318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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:
3033 Walton Place,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY B. GUINEE

3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased August 15th 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 25
If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business None

12. Name Patrick Guinee

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

14. Maiden name Mary Kelleher

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

16. (a) Informant Mr. Tim Guinee- Brother

(b) Address 3033 Walton Place.

17. (a) burial (b) Date thereof 1/13/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 2849 North Euclid Avenue,

19. (a) JAN 12 1945 (b) J. J. Predeck
(Date received 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. 3033 Walton Place.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1945 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 7 1945 to Jan 10 1945
that I last saw her alive on Jan 10 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
hypertension
Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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) Means of injury.....
23. Signature L. W. White (M. D. or other)
Address 203 N. Buigo Highway Date signed 1-14-45

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

MOTHER FATHER

Dr. W. H. White,
2803 No. Kingshighway,

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Robert L. Linkman

Licensed Embalmer No..... # 3553

P. O. Address..... St. Louis, Missouri,.....

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.