S. No. 2
M—5-42
. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1947

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

Dr. Bergman.

State File No. 2567

Registrar's No. 656

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Mo Baptist O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community 50 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis 6 17 (If outside city or town limits, write "RURAL")

(d) Street No. 5643 Highland 7 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Joseph M Guilfoy

3. (b) If veteran, name war nil

3. (c) Social Security No.

4. Sex Male 1

5. Color or race W

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

6. (b) Name of husband or wife Barbara

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb. 28th (Month) (Day) 1869 (Year)

8. AGE: Years 77 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Chicago (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation Maintenance man

11. Industry or business Shoe Machinery 4

FATHER
12. Name Dennis
13. Birthplace (City, town, or county) Ireland (State or foreign country)

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

16. (a) Informant Philip Guilfoy

(b) Address 7348 Park Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22-47 (Month) (Day) (Year)

(c) Place: burial or cremation Nea SS Peter & Paul

18. (a) Signature of funeral director Guy Mullen

(b) Address 5041 Delmar

19. (a) JAN 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18 year 1947 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from Dec 1 8, 1946 to Jan 18, 1947 that I last saw him alive on Jan 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to

Due to

Other conditions Metastasis to liver (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 H. F. Bergman (M. D. or other) MD

Address 3720 Washington Date signed 1/20/47

(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.....,

working under my personal supervision.

Signed Ora Campbell

Licensed Embalmer No. 3880.

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.