

Form No. 2  
DM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32564**  
Registrar's No. **9117**

FILED OCT 4 1947

1003

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: Christian 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

**3. (a) PRINT FULL NAME** Mary M. Guy

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

**4. Sex** F **5. Color or race** W

**6. (a) Single, widowed, married, divorced** M

**6. (b) Name of husband or wife** Maurice P. Guy **6. (c) Age of husband or wife if** \_\_\_\_\_  
alive \_\_\_\_\_ years

**7. Birth date of deceased** April 20 1884  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>33</u>	<u>5</u>	<u>10</u>	hr. _____ min. _____

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

**10. Usual occupation** housewife

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

**12. Name** Daniel Cahon

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

**14. Maiden name** Unknown

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

**16. (a) Informant** Maurice P. Guy

**(b) Address** 4241 Prairie Ave.

**17. (a) burial** **(b) Date thereof** 10-2-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Calvary Cemetery

**18. (a) Signature of funeral director** Harrigan & Sheahan

**(b) Address** 4415 Washington Bl.

**19. (a) OCT 1 1947** **(b) J. F. Bredack**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. 4241 Prairie Ave.  
10  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Sept day 30  
year 47 hour 4:15 AM minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** Sept 21  
1947 to Sept 30 1947  
that I last saw her alive on Sept 30 1947  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Myocardial Chronic  
Cerebral disease

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** none

**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? Christian Hospital At Home Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

**23. Signature** Beane A. Montoye (M. D. or other) M.D.  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**Address** 4022 N. Flourish St. **Date signed** 9/20/47

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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.....

*W W Wilkins*

Licensed Embalmer No.....

*3575*

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.**