

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22101

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1302

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lemay, Missouri.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>UNIVERSITY CITY</b>	
c. LENGTH OF STAY (In this place) <b>4 1/2 mos.</b>		d. STREET ADDRESS (If rural, give location) <b>7306 AHERN AVE;</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LEMAY NURSING HOME.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRISON</b>	b. (Middle) <b>WARREN</b>	c. (Last) <b>GUEST.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 25, 1949</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED.</b>	8. DATE OF BIRTH <b>Nov 26, 1889</b>	9. AGE (In years last birthday) <b>60</b> IF UNDER 1 YEAR Months <b>5</b> Days <b>29</b> IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ass't Sup't, Prudential Life Ins. Co.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>New York City, N. Y.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Harrison Guest.</b>	13b. MOTHER'S MAIDEN NAME <b>Amelia Wilahaldt.</b>	14. NAME OF HUSBAND OR WIFE <b>Madge Bestel Guest.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b>	16. SOCIAL SECURITY NO. <b>no.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs H. W. Guest, 7306 Ahern Ave.,</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>  <b>6 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>334X</b> <b>83a</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 21, 1942**, to **May 25, 1949**, that I last saw the deceased alive on **May 25, 1949**, and that death occurred at **6:05P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Newton John Emerson M.D.</b>	23b. ADDRESS <b>6356 Clayton Road</b>	23c. DATE SIGNED <b>May 26, 1949</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-28-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5-26-49</b>	REGISTRAR'S SIGNATURE <b>Thurmond L. Lammey</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>G.R. Lupton &amp; Sons</b>	ADDRESS <b>7233 Delmar Blvd.,</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed Arnold W. Schoene

Signed.....  
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

**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.