

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Manchester Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2/25/46 to 1/12/47  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Madison  
(c) City or town Fredericktown  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? 1  
(Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry De Guire  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 14 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>4</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

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

MOTHER FATHER {  
12. Name Austin DeGuire  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Floss  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Austin De Guire

(b) Address 4309 Lafayette Ave.

17. (a) Burial (b) Date thereof 1-16-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Albert H. Hopps

(b) Address 4700 Washington Blvd.

19. (a) 1-16-46 (b) Ruth Gallen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12  
year 1947 hour 4:37 minute P M.  
21. I hereby certify that I attended the deceased from 12-25  
1946 to 1-12 1947  
(That I last saw him alive on 1-11 1947  
and that death occurred on the date and hour stated above.)

Immediate cause of death Carcinoma of stomach 1 yr  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to 468  
Other conditions Anemia  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature C. H. Deany (M. D. or other) MD  
Address Creve Coeur Mo Date signed 1-14-47

WRITE PLAINLY—USE 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Henry M. Bummer*

Licensed Embalmer No. 4200

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.**