WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19529

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Mullanphy Hosp., ... St. ..... Ward)

File No. ..... Registered No. 5220

2. FULL NAME Lucien C. Sanguinet

(a) Residence. No. 30 Blakemore Pl. St., 11 Ward. St. Louis Co.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Edith Sanguinet

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 31, 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	7	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Building Contractor
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Frederick J. Sanguinet
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Sarah Nelson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Sarah Sanguinet
(Address) 30 Blakemore Pl.

15. FILED: [illegible] -5 1927, 19..... Max C. Starkloff, REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1927.

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1927, to June 3, 1927, that I last saw him alive on June 3, 1927, and that death occurred, on the date stated above, at 11.20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Appendicitis

1213 1223 1173

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Obstruction of Bowels (duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? yes DATE OF June 3-27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Joh W. Macdonald, M. D.

June 4, 1927 (Address) 3529 Franklin

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cem.
DATE OF BURIAL: June 6, 1927.

20. UNDERTAKER: Jos. W. Clark
ADDRESS: 1125 Hodiamont Ave.