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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 29043

Township ..... Primary Registration District No. 1003 Registered No. 8549

City St Louis (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Delores Guinner

(a) Residence. No. 4317 Lee St., 10 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10 - 1922

7. AGE: Years 6 | Months 0 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) MO

PARENTS

10. NAME OF FATHER Herman Guinner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) MO
12. MAIDEN NAME OF MOTHER Nonnette Somme
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) MO

14. INFORMANT Herman Guinner
(Address) 4317 Lee Ave

15. FILED AUG 23 1922, 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1928, to Aug 23, 1928 that I last saw her alive on Aug 23, 1928, and that death occurred, on the date stated above, at 4.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia - Septic 2 days
107A
154 Staphylococcus Septicemia 3 to 4 days (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Osteomyelitis - Staph. rt. tibia (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 100

2 DID AN OPERATION PRECEDE DEATH? yes DATE OF 8-21-28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.

(Signed) S E Pesette, M. D

8-23, 1928 (Address) Beaumont Bldg

*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: Friedens
DATE OF BURIAL: Aug 25 1928

20. UNDERTAKER: A Kron Lt UCo
ADDRESS: 2707 N Grand