

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

Do not use this space.

31882

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1002
 City St. Louis (No. City of St. Louis)
FULL NAME Henry Guerin
 (a) Residence No. 638 St. Charles St. B.2. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. 3 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No.
 Registered No. 9141
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14 - 1928
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 8
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11 1931
 17. I HEREBY CERTIFY That I attended deceased from Aug 18, 1931 until I last saw him alive on Sept 11, 1931, and that death occurred, on the date stated above, at 8:45 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diarrrhea and enteritis
malnutrition
 1192
 160
 CONTRIBUTORY (SECONDARY) 1190
 (duration) yrs. mos. da.
 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Moore
 (STATE OR COUNTRY)
 10. NAME OF FATHER Henry Guerin
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Helma Floyd
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED 7
 IF NOT AT PLACE OF DEATH:
 DID AN OPERATION PRECEDE DEATH? No. DATE OF.....
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS? clinical autopsy
 (Signed) Edward J. Helbig, M.D.
9/11, 1931 (Address) City of St. Louis
 *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.

14. INFORMANT E. R. ...
 (Address) City of St. Louis
 15. FILED 1931
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mathews
 DATE OF BURIAL Sept 13 1931
 20. UNDERTAKER Jon O. Collins
 ADDRESS 928 N. ...

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.

1
August