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. 13228

Township ..... Primary Registration District No. 1003 Registered No. 3790

City St Louis (No. 2905a Lafayette Av St. ..... Ward)

2. FULL NAME Catherine Guidra

(a) Residence. No. 2905a Lafayette Av St. 17 Ward. (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: Femal
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) Jan 7 1854

7. AGE: Years 75 | Months 2 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

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

22.4

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

1

PARENTS

10. NAME OF FATHER Mathew Guidra

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15

12. MAIDEN NAME OF MOTHER Johanna L Gallivon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15

14. INFORMANT Bridget Guidra (Address) 2905a Lafayette

15. FILED MAR 28 1929 [signature] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to March 27, 1929 that I last saw her alive on on 3-26, 1929 and that death occurred, on the date stated above, at 1:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cancer of stomach (Pylorus)

46B

117A

[signature] (duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Ulcer Gastr (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings

(Signed) [signature] M. D

Mar 27 1929 (Address) 4303 Delor

*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 | DATE OF BURIAL: March 29 1929

20. UNDERTAKER: Cullen & Kelly | ADDRESS: 4526 Easton

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.