

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

Do not use this space.

38462

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 791
City..... (No. 7117 of St. Bernard)

File No.
Registered No. 10849
St. Ward)

2. FULL NAME

(a) Residence. No. 7117 of St. Bernard St., 1 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug-21-1929</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>15</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (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

10. NAME OF FATHER <u>Raymond Guardado</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Spain</u> (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER <u>Josephine Fernandez</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Spain</u> (STATE OR COUNTRY)

14. INFORMANT Raymond Guardado
(Address) 7117 St. Bernard

15. FILED Nov 19 1929 St. Bernard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-5 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1929, to November 5, 1929, that I last saw her alive on Nov 4, 1929, and that death occurred, on the date stated above, at Nov 5/11/03 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro Enteritis

1193 (duration) about yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) IBB (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Vomiting & diarrhea
(Signed) F. F. Zeller M. D.
, 19 (Address) 7117 St. Bernard

*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 Mount Hope DATE OF BURIAL 11-6-1929

20. UNDERTAKER Southern ADDRESS 7315 St. Bernard

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.

Mr. J. J. L. L.