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

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 7530

Township ..... Primary Registration District No. 1003 Registered No. 1878

City St. Louis, Mo. (No. 7117a S. Broadway St. ..... Ward)

2. FULL NAME Thomas Guardado

(a) Residence. No. 7117a S. Broadway 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Abt 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt	47			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 2[illegible]

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain 22

PARENTS

10. NAME OF FATHER Joseph Guardado

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

12. MAIDEN NAME OF MOTHER Josephine Fernandez

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

14. INFORMANT Mrs Thomas Guardado
(Address) 7117a S. Broadway

15. FEB 13 1931 FILED ..... 19 Max C Taker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 12, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 20th, 1931, to Feb. 12th, 1931 that I last saw h. alive on Feb 11th, 1931, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchopneumonia following La Grippe

110 (duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (SECONDARY) Chronic Emphysema & Asthmatic Bronchitis non Tubercular (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H C Klopper, M. D.

2/12, 1931 (Address) 3801 S Broadway

*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	DATE OF BURIAL
Mr. Hope Cemetery	Feb. 14, 1931.
20. UNDERTAKER	ADDRESS 6320 S. Grand
Southern	