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

Do not use this space.

12192

File No. 3453

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. St. Ward)

Registration District No. 1792

Primary Registration District No.

2. FULL NAME Baby Boy (De Guire) De Guire

(a) Residence. No. St. Louis 2221 Bryan St. 12 Ward. Fredericktown Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	—

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-17-31

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		3	

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

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

PARENTS

10. NAME OF FATHER Frank H. DeGuire

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Fredericktown, Mo.

12. MAIDEN NAME OF MOTHER Birtle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Bonne Terre, Mo.

14. INFORMANT F. H. DeGuire
(Address) Fredericktown Mo.

15. FILED 3/21, 19 Mary E. Wilkey
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/20/31 19

17. I HEREBY CERTIFY, That I attended deceased from 3/17/31, 19, to 3/20/31, 19, that I last saw h. alive on 3/19/31, 19, and that death occurred, on the date stated above, at 12 40 a.m. 3/20/31

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity
Atelectasis of the lungs
159

161A 159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) 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? none

(Signed) [illegible], M. D.
, 19 (Address) St. Louis Met. Hosp.

*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 Fredericktown Mo. DATE OF BURIAL 3/20 19 31

20. UNDERTAKER G. H. Abt ADDRESS Fredericktown Mo.

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.