

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

Do not use this space.

791
1008

29945

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. 2234, Osage) St. Ward)

File No.....
 Registered No. 8999

2. FULL NAME Henry L. Guibor

(a) Residence. No. 2234 Osage St. 15 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 2 - 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>35</u>	<u>10</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Postal Clerk
 (b) General nature of industry, business, or establishment in which employed (or employer) St. Louis Post Off
 (c) Name of employer

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

PARENTS

10. NAME OF FATHER Henry Guibor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Julia Kollan et.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Henry L. Guibor
 (Address) 2234 Osage St.

15. FILED 22 1931 Wm. C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 22 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 10 1931, to Aug 22 1931 that I last saw h. alive on Aug 22 1931, and that death occurred, on the date stated above, at 230 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pul. TB. 23A
Palm. Tuberculosis
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pul. Tuberculosis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 2234 Osage
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Physian XRB
 (Signed) James J. Smith M. D.
8/23 1931 (Address) 3625 So. B

*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 St Peter & Paul Parochial DATE OF BURIAL Aug 25 1931

20. UNDERTAKER W. Gebken ADDRESS 2630 Gravois Av

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.

