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

Do not use this space.

42513

1. PLACE OF DEATH

County ..... Registration District No. 791 1623

Township ..... Primary Registration District No. .....

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

File No. .....

Registered No. 12424

2. FULL NAME Romine Guion

(a) Residence, No. Municipal Lodging House St., 13 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook & Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) Arthur A Hines 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Int Olive Cem DATE Dec 17 31

19. UNDERTAKER (ADDRESS) C. Hoffmeister W&L Co 7814 S. Broadway

20. FILED DEC 16 1931 19 Max [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1931, to Dec 15, 1931

I last saw him alive on 12-15, 1931. Death is said to have occurred on the date stated above, at 10:55 A.m.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus — Date of onset 11-28-31+

59

98B

156B

59

Other contributory causes of importance:

Gangrene of lower extremity

Name of operation Amputation through thigh Date of 12-14-31

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur A Hines, M. D.

(Address) 5400 Arsenal St.

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.