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

Do not use this space.

1. PLACE OF DEATH

96

County St. Louis — Registration District No. 1123 — File No. 24378

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 240

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME Joseph J. Guzy

(a) Residence, No. 1520 LaSalle, St., Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Anna Guzy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 26, 1897

7. AGE: YEARS 36 — MONTHS 0 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable
10. Date deceased last worked at this occupation (month and year) Unavailable
11. Total time (years) spent in this occupation Unav.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mt. Vernon Pennsylvania

FATHER

13. NAME: Anton Guzy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Poland

MOTHER

15. MAIDEN NAME: Mary Hatalla
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Unavailable

17. INFORMANT (ADDRESS): C. H. SMITH, M.D., Clinical Director Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope DATE July 27 1933

19. UNDERTAKER (ADDRESS): Wm. T. Mayfield 1926 Allen Av

20. FILED July 25, 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1933 to July 24, 1933

I last saw him alive on July 24, 1933 Death is said to have occurred on the date stated above, at 8:00 p.m.

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

Endocarditis, Sub-acute — Date of onset

130

Other contributory causes of importance: Glomerulonephritis

Name of operation No — Date of —

What test confirmed diagnosis? Clinical, X-ray and Laboratory findings — 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) W. C. GIBSON, M.D., Manager, M. D.

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.