

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.

SEP 26 1933

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

Do not use this space.

28264

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1005**
City **St. Louis** (No. **4338**, **Connecticut**)

File No. **7398**
Registered No. **7398**
St. Ward)

2. FULL NAME

(a) Residence, No. **4338 Connecticut** St., **116** Ward.
(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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Oliver F. Guyot</i>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct. 29 1881</i>		
7. AGE	YEARS <i>51</i>	MONTHS <i>9</i>	DAYS <i>26</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>housewife</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>				
FATHER	13. NAME <i>Charles M. Caullogh</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>			
MOTHER	15. MAIDEN NAME <i>Maggie Hawkins</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>			
17. INFORMANT <i>Oliver F. Guyot</i> (ADDRESS) <i>4338 Connecticut</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Summit B.P.</i> DATE <i>8-28-33</i>				
19. UNDERTAKER <i>With Bro. Co. U.C.</i> (ADDRESS) <i>2929 S. Jefferson</i>				
20. FILED <i>AUG 28 1933</i> <i>J. H. Hedrick</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 25 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 23* 19*33*, to *Aug 25* 19*33*.
I last saw him alive on *Aug 25 1933*. Death is said to have occurred on the date stated above, at *1:20 p.m.*
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Apoplexy
heart
Other contributory causes of importance:
Arterio-sclerosis
High Blood Pressure
Date of onset *Aug 23*

Name of operation..... Date of.....
What test confirmed diagnosis *Clinical* 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? *no*
If so, specify.....
(Signed) *J. H. Hedrick*, M. D.
(Address) *3146 Morganford*

