FEB 27 19

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.

791

1003

2772

407

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis, 500 S. Kingshighway (St. Louis Childrens Hospital ..... Ward)

File No. 2772

Registered No. 407

2. FULL NAME Eugene Guzman

(a) Residence, No. 5-1 - Neiman St., R ..... Ward. Overland, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 Yr. 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)
M	W	Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-15-26

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
7	2	24	

OCCUPATION

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

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

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) St. Louis, Missouri

FATHER

13. NAME Fernando GUZMAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

MOTHER

15. MAIDEN NAME Elizabeth.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific, Missouri

17. INFORMANT M. Merschmann
(ADDRESS) 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEM DATE JAN 12, 1934

19. UNDERTAKER Bauman Bros
(ADDRESS) Overland

20. FILED JAN 13 1934, 19 J. J. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-8-34, 19..., to 1-9-34, 19...

I last saw him alive on 1-9-34, 19..... Death is said to have occurred on the date stated above, at 11:25 P.m.

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

	Date of onset
Rheumatic Heart Disease	1 yr +
Mitral Stenosis	1 yr +
Aortic Insufficiency	8 mo +
95C	

Other contributory causes of importance:

Congestive Heart Failure, acute	1-9-34

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) E. W. Glasscock, M. D.

(Address) 500 S. Kingshighway