SEP 25 1934

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

Do not use this space.

30653

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 788 — File No.

12 Township ~~Central~~ — Primary Registration District No. 4471 — Registered No. 81

8 City Webster Groves (No. 816, Bompart Avenue St. Ward)

2. FULL NAME Adolphe Fredrick Guibert

(a) Residence, No. 816 Bompart Avenue St., Ward. (Usual place of abode) — (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~XXXXXXX~~ Married Marie Julia Clarkson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
2	66	1	27	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Aug. 18, 1934

11. Total time (years) spent in this occupation 45

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

FATHER

13. NAME Augustus Paul Guibert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Jefferson County, Kentucky

MOTHER

15. MAIDEN NAME Cordelia Steele

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Island of Cuba

17. INFORMANT (ADDRESS) Mrs. Gladys I. Vowiel (daughter) 816 Bompart, Webster Groves, Mo.

18. BURIAL, ~~XXXXXXXXXXXXXXX~~ City Cemtery PLACE Red Bud, Randolph Cty, Ills. DATE Aug. 30, 1934

19. UNDERTAKER (ADDRESS) Allen W. McLaughlin Webster Groves, Missouri

20. FILED 8-30- 1934 Jules R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1934, to Aug 28, 1934

I last saw him alive on Aug 28, 1934. Death is said to have occurred on the date stated above, at 2:35 p.m.

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

	Date of onset
Cerebral Hemorrhage	8/24/34
97	
Other contributory causes of importance:	
Arterio-Sclerosis	5 yrs

Name of operation None 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?

If so, specify

(Signed) Arthur W. Westrup, M. D.

(Address) 204 E. Big Bend Webster Groves, Mo

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD