MAR 3 1935

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

Do not use this space.

3875

File No.

Registered No. 32

1. PLACE OF DEATH
County St. Louis
Township
City Jefferson Barracks, Mo. No. Veterans Administration Facility St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

2. FULL NAME George E. Guelbert
(a) Residence, No. 1727 California Avenue St., Ward. St. Louis, Missouri
(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. wn 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: Alma Guelbert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 29, 1875

7. AGE: Years 59 | Months 9 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fern Ridge, Missouri

FATHER
13. NAME: Jules Guelbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Switzerland(?)

MOTHER
15. MAIDEN NAME: Unavailable
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Unavailable

17. INFORMANT (ADDRESS): W. C. Gibson, M.D. Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE 1-24 1935

19. UNDERTAKER (ADDRESS): C. Hoffmeister Undertkg. & Livery Co. 7814 S. Broadway, St. Louis, Mo.

20. FILED Jan 21 1935 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1934, 19..., to January 21, 1935
I last saw him alive on January 21, 1935 Death is said to have occurred on the date stated above, at 6:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate associated with generalized carcinomatosis.	Unkn.

Other contributory causes of importance:

Name of operation No Date of -
What test confirmed diagnosis? History, physical, clinical manifestations. Was there an autopsy? Yes

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., Chief Med. Officer, M.D.
(Address) Vet. Adm. Facility, Jeff. Brks., 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.