

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
 SEP 16 1935 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH 791
 1008

Do not use this space.

27882

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. City Hospital # 2) St. _____ Ward _____

File No. 6936

2. FULL NAME Sylvester Guinness (Guinney)

(a) Residence, No. 2604 N. Jefferson St. _____ Ward 20
 (Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25, 1927

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
8 6 15

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

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) Missouri

13. NAME Thomas Guinness

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

15. MAIDEN NAME Alberta Ivory

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Alberta Guinness
2604 N. Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE C. M. Lewis Ill. DATE 9/17

19. UNDERTAKER (ADDRESS) B. M. G. Owen
3517 Eastside Ave

20. FILE NO. 15 1935 REGISTRAR. J. T. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/11 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____ 19____ Death is said

to have occurred on the date stated above, at 10:30 P. M.

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

Traumatic abdominal hemorrhage, fracture of pelvis, lacerated small intestine, and scrotum, when hit by auto while sitting on steps in front of residence. Date of onset 26

Other contributory causes of importance: (not a pedestrian)
Auto jumps curb + enters yard
Criminal (Guinness)
Accident

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 12, 1935

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Traumatic Abdominal Hemorrhage

Nature of injury Accident (Auto)

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Harold Pelous M. D.

(Address) _____

8/12/35

