

NOV 30 1935

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

Do not use this space.

37622

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City St. Louis (No. Peter, 5336 Neosho) St. 14 Ward

File No. 9593
Registered No. 9593
St. 14 Ward

2. FULL NAME

(a) Residence, No. 5336 Neosho St., 14 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma G. Guyot</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 25 1852</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>9</u>
	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hatter</u>	
	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) <u>St. Louis</u> <u>Mo.</u>		
FATHER	13. NAME <u>John Guyot</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Mathis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Emma G. Guyot</u> <u>5336 Neosho St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Bur. Ph.</u> DATE <u>11-18</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>With Bur. & H. Co.</u> <u>242 S. Jefferson Ave</u>		
20. FILE NO. <u>NOV 16 1935</u> 19 <u>35</u> <u>J. P. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13 193522. I HEREBY CERTIFY That I attended deceased from Nov. 12 1935 to Nov. 15 1935I last saw him alive on Nov. 12 1935. Death is saidto 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:

Leucocythemia + Anæmia
Date of onset 3 weeks ago

Other contributory causes of importance:

Spinal sclerosis atleast 4 yrs
Arterio sclerosis +
mitral Regurgitation 4 yrs

Name of operation none Date of _____What test confirmed diagnosis? chemical 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? no

If so, specify _____

(Signed) Dr. Prideman M. D.(Address) 3146 Morganford Rd

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.

DEPARTMENT RECORD

