FEB 26 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

7646

File No. 1296

Registered No.

1. PLACE OF DEATH

County

Township

Registration District No. 1003

Primary Registration District No.

City St. Louis (No. 2165a, South 39th St. Ward)

2. FULL NAME Wm. S. Guidra

(a) Residence, No. 2165a South 39th. St., 17 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. 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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt. May 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
abt. 62	8	—	

OCCUPATION

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

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) 1904 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freeburg Ill.

FATHER

13. NAME Mathew

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

MOTHER

15. MAIDEN NAME Johanna Galvin

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

17. INFORMANT Bridget Guidra
(ADDRESS) 2165a South 39th st.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Feb 5, 1936

19. UNDERTAKER Cullen & Kelly
(ADDRESS) 1416 N. Taylor Ave.

20. FILED FEB 5 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3 1936

22. I HEREBY CERTIFY That I attended deceased from Sept 1, 1935, to Feb 3, 1936

I last saw h. alive on Feb 3, 1936 Death is said to have occurred on the date stated above, at 9 40 a. m.

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

	Date of onset
Myocarditis Chronic	?

Other contributory causes of importance:

Name of operation 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) Pierce W. Powers M. D.

(Address) 2531 So. Jefferson

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.