

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

Do not use this space.

APR 9 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis* (No. *City, No. 1*)..... St. Ward)

File No. **10353**
 Registered No. **2925**

2. FULL NAME

Irwin Guin
 (a) Residence, No. *912 North 18th* St. *25* Ward. (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 *M* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *[Signature]*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *10/11/1900*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 36 5 13

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Hawill Drayage*

10. Date deceased last worked at this occupation (month and year) *Apr. 1935* 11. Total time (years) spent in this occupation. *10 yrs*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

13. NAME *John Guin*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

15. MAIDEN NAME *Della Norris*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

17. INFORMANT *M. Williams* (ADDRESS) *City 9th St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *EFFINGHAM* DATE *MCH 17TH 1937*

19. UNDERTAKER *BROCKLAND UND. CO.* (ADDRESS) *1827 HOGAN STR.*

20. DATE *MAR 16 1937* Registrar. *J. Bredeek*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/14/37*, 19

22. I HEREBY CERTIFY, That I attended deceased from *3/10/37*, 19, to *3/14/37*, 19.

I last saw him alive on *3/14/37*, 19. Death is said

to have occurred on the date stated above, at *5:18* m.

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

*Enterocolitis?
 Acute Bronchitis
 Psychosis - type undetermined*

Date of onset

Other contributory causes of importance:

Chronic alcoholism

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) *Charles M. Jessier*, M. D.

(Address) *City Hospital #1*

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

11-30-37 570

