AUG 31 1938 DEC'D SEP 9 1938

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

29960
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township ~~Clayton~~ Clayton
(c) City
Registration District No. 784
Primary Registration District No. 101 Registered No. 1445
(d) Street No. St. Louis County Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Casey Guyer 6 0-D
(a) Residence, No. Boston & Denny, Kirkwood, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mary Guyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1910

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
28	2	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Brick Layer
9. Industry or business in which work was done, as 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) Mo. 0

FATHER
13. NAME William Guyer 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 0

MOTHER
15. MAIDEN NAME Sarah Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) wife, Mary Guyer

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE 9/3/38, 19

19. FUNERAL DIRECTOR (ADDRESS) Louis H. Bopp
134 N. Argonne

20. FILED AUG 31 1938 19 T. R. Meyer M. D. Ph. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/31/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/30/38, 19, to 8/31/38, 19
I last saw him alive on 8/31/38, 19 Death is said to have occurred on the date stated above, at 10.30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	Child hood

95 C

Other contributory causes of importance: No

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) M. L. Bartnick, M. D.
(Address) St. Louis Co. Hosp.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by......, Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)