

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 8-17-35 1-11911

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.

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **7118**

1. PLACE OF DEATH: **1008**

(a) County _____

(b) City or town St. Louis ✓
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 142^{1/2} St. George St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 6 months (Specify whether years, months or days)

8. (a) PRINT FULL NAME Stanley Guzior **260**

8. (b) If veteran, name war No

8. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Guzior

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1877
(Month) (Day) (Year)

8. AGE: Years About 62 Months Unknown Days _____ If less than one day hr. _____ min. _____

9. Birthplace Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business _____

12. Name Andrew Guzior

13. Birthplace Austria
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Boydine Reed

(b) Address 143 St. George

17. (a) Burial (b) Date thereof 8-16-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director W. B. Moyell

(b) Address 1926 Allen Ave.

19. (a) AUG 16 1939 (b) J. B. Braddock
(Date received locally) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis **23**
(If outside city or town limits, write "RURAL")

(d) Street No. 143 St. George St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15th.
year 1939 hour 5-45 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 19, 1939
_____, 19____, to Aug 15, 19____
that I last saw him alive on Aug 10, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of larynx **6 mo**
Duration _____

Due to _____

Due to _____

Other conditions M
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of larynx

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature J. B. Braddock (M. D. or other) **MD**
Address 3616 S. Broadway Date signed 8-15-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Benj. C. Duncan

Licensed Embalmer No. *8272*

P. O. Address *1946 Allen*

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

If this body is not embalmed, above space should be left blank.