

No. 2
1-4-41
17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8634
State File No. _____
Registrar's No. **2463**

THE APR 8 1942
Registration District No. **1391**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Homer Phillips Hospital D

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 14 days
(Specify whether years, months or days)

In this community 50 years

3. (a) PRINT FULL NAME John Guyton

3. (b) If veteran, name war XXX

3. (c) Social Security No. ?

4. Sex Male 5. Color or race Col

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

6. (b) Name of husband or wife Blanche Guyton,

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

7. Birth date of deceased July 20th, 1858.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>7</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Custodian

11. Industry or business Board Of Education,

MOTHER FATHER

12. Name Dont Know

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

14. Maiden name " " 9

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

16. (a) Informant Blanche Guyton

(b) Address 8609 Rose Ave, Brentwood,

17. (a) Burial (b) Date thereof Mar 18th 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director W. J. Thomas
2812 St Louis, Mo.

(b) Address 2812 St Louis, Mo.

19. (a) WAR 18 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. 8609 Rose Ave,
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country all his life

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13, 1942 year 1942 hour 8 minute 50 M.

21. I hereby certify that I attended the deceased from January 27, 1942 to March 13, 1942

that I last saw him alive on March 13, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach

Duration Unknown

Due to _____

Due to _____

Other conditions H/O
(Include pregnancy within 3 months of death)

Major findings:
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. W. Johnson (M. D. or other) ✓

Address 2661 N. Whittier Date signed 3/14/42

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.....

Myself
.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....
[Signature]

Licensed Embalmer No. *62266*

P. O. Address: *2812, Thosom St*

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, fact should be so stated above.