

No. 2
8-43
5-17-39
1 X37823

State File No. _____

FILED MAR 9 1945

Registration District No. **313**

Primary Registration District No. **1003**

Registrar's No. **1653**

1. PLACE OF DEATH:
 (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:
Home for the Aged - 5425 S. Grand
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 years**
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME **Henry A. Guibor**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mary**
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **February 6, 1857**
(Month) (Day) (Year)

8. AGE: Years **88** Months **0** Days **11**
If less than one day hr. min.

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

10. Usual occupation **Merchant (retired)**

11. Industry or business _____

MOTHER FATHER
 12. Name **Edward Guibor**
 13. Birthplace **Not Known** **9**
(City, town, or county) (State or foreign country)
 14. Maiden name **Bailey**
 15. Birthplace **Not Known** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Julia Roques**
 (b) Address **8807 New Hampshire Afton MO.**

17. (a) **Burial** (b) Date thereof **Feb. 20, 1945**
(Burial, cremation, or other) (Month) (Day) (Year)
St. Philomena Cemetery

(c) Place: burial or cremation **House Springs MO.**

18. (a) Signature of funeral director **John A. Gibson Sons**
2630 Gravoys Ave.

19. (a) **FEB 19 1945** **J. F. Boudrick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3400S. Grand Blvd.**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **17th**
 year **1945** hour **5** minute **5** P. M.

21. I hereby certify that I attended the deceased from **10** to **Feb 17** 19**45**
 that I last saw him alive on **Feb 13** 19**45**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio Sclerosis**
General
 Duration **3 1/2**

Due to _____
 Due to _____

Other conditions _____
(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) (c) Means of injury _____

23. Signature **J. F. Boudrick** (M. D. or other) _____
 Address **107 No Grand** Date signed **2/19/45**

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

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 Herman A. Gebken
Licensed Embalmer No. 2120
P.O. Address 2630 Gravois

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.