

FILED DEC 9 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9910

1. PLACE OF DEATH:

(a) County..... St. Louis
 (b) City or town..... St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 5267 Washington Blvd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME Frederick M. Guion

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M. / W. 5. Color or race W. 6. (a) Single, widowed, married, divorced, S. /
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased March 10th., 1886
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 60 8 9 hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Clerk R.R.

11. Industry or business

MOTHER FATHER
 12. Name Joseph A. Guion
 13. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Eugenie Pourcery
 15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Guion

(b) Address 5267 Washington

17. (a) Burial (b) Date thereof 9-22-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindely Blvd.

19. (a) NOV 20 1946 (Date received local registrar) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5267 Washington Blvd.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th., year 1946 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 1 - 1945 to Nov 19 1946 that I last saw him alive on Nov 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Nutritional Stereosis Duration 2 mo
 Due to Paralysis agitans 7 years

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) (a) Means of injury

23. Signature C. G. Shepherd (M. D. or other) Address 17594 Kings Highway date signed Nov 20 46

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address. 3840 Rindel

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.