

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10500

2344

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY St. Louis-MO				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2069			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 6-5752 Northland	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5752 Northland				4. DATE OF DEATH (Month) (Day) (Year) 3-10-50			
3. NAME OF DECEASED (Type or Print) a. (First) VINCENT		b. (Middle) F		c. (Last) GUYOTT		4. DATE OF DEATH (Month) (Day) (Year) 3-10-50	
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH MAR. 17. 1888	
9. AGE (in years last birthday)		10. CITIZENSHIP (State or foreign country)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Oper.		10b. KIND OF BUSINESS OR INDUSTRY Operator		11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME XAVIER GUYOTT		13b. MOTHER'S MAIDEN NAME MARCELINE COLLIER		14. NAME OF HUSBAND OR WIFE IRENE GUYOTT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 493-059816		17. INFORMANT'S SIGNATURE OR NAME Carl Guyott			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Lung DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Disease				INTERVAL BETWEEN ONSET AND DEATH. 5 min 1 yr 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1601			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1948 , to Mar 10, 1950 that I last saw the deceased alive on Mar 9, 1950 and that death occurred at 4 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE Deleon Perkins M.D. (Degree or title)				23b. ADDRESS 2301 N. Campbell		23c. DATE SIGNED 3/10/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3/13/50		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO	
DATE REC'D BY LOCAL REG. MAR 10 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE SULLIVAN FUNERAL DIR			

(Licensed Embalmer's Statement on Reverse Side)

2849 NO EDCTD

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

OCT 17 1957

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert L Brinkman

.....
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address.....

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.