No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14322

BIRTH NO. FILED MAY 1 - 1952 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3730

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Barnes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) East St. Louis 1820
d. STREET ADDRESS (If rural, give location) 669 N. 32 8

3. NAME OF DECEASED (Type or Print)
a. (First) Raymond
b. (Middle)
c. (Last) Guyette

4. DATE OF DEATH (Month) April (Day) 19 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 27, 1892

9. AGE (In years last birthday) 59 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Yardmaster

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Mattoon, Ill

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME William Guyette

13b. MOTHER'S MAIDEN NAME Josephine Owens

14. NAME OF HUSBAND OR WIFE Sydonia Guyette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Sydonia Guyette **ADDRESS** East St. Louis, Ill

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteria Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Infarct Brain

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? H2OV

22. *I hereby certify that I attended the deceased from* 4-18, 1952, *to* 4-19, 1952 *that I last saw the deceased alive on* 4-19, 1952 *and that death occurred at* 11:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE F. R. Bradley (Degree or title) MD

23b. ADDRESS Barnes Hospital

23c. DATE SIGNED 4/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Apr. 23, 1952

24c. NAME OF CEMETERY OR CREMATORY Mt. Hope

24d. LOCATION (City, town, or county) (State) Belleville, Ill

DATE REC'D BY LOCAL REG. APR 21 1952

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Chas. M. Burke **ADDRESS** East St. Louis, Ill

mJB (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Charles M. Bush

Licensed Embalmer No. 2421

P. O. Address East St. Louis Ill

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.