

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

17821 ⁴/₂

1. PLACE OF DEATH

County..... Registration District No. 328
Township..... Primary Registration District No. 10073
City..... (No. Severus Hospital)

File No.
Registered No. 5414
St. Ward

2. FULL NAME

Kenneth Guth
(a) Residence. No. 564 Euler St. St. 2 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. (If nonresident give city or town and State) of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28 - 28

7. AGE YEARS MONTHS DAYS 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Infant (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

10. NAME OF FATHER Joseph Guth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Co. Eyers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

14. INFORMANT Joseph Guth (Address) 564 Euler Ave

15. FILED JUN - 1, 1923 Mar B Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1923

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1923, to May 30, 1923 that I last saw him alive on May 29, 1923, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Hemorrhagic disease of
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 740
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS (Signed) John Zahusky, M. D. May 31, 1923 (Address) 536 N. Taylor

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus DATE OF BURIAL June 1, 1923

20. UNDERTAKER Southern Burial Co ADDRESS 7315 80 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

