

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.

1. PLACE OF DEATH:

(a) County SAINT LOUIS

(b) City or town MAPLEWOOD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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 GEORGE RAMSEY GUYOT

8. (b) If veteran, name war _____ 8. (c) Social Security No. 489-12-0288

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JENNY MAY RICHARDSON 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: FEBRUARY 9 1868
(Month) (Day) (Year)

8. AGE:	Years <u>78</u>	Months <u>#</u>	Days <u>2</u>	If less than one day hr. _____ min. _____
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9. Birthplace TRENTON ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation SUPERINTENDANT

11. Industry or business PEVELY DAIRY CO. PLANT

12. Name ALFRED GUYOT

18. Birthplace SWITZERLAND
(City, town, or county) (State or foreign country)

14. Maiden name ISABELLA RAMSEY

15. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature ALFRED GUYOT

(b) Address 7168 LYNDOVER AVE.

17. (a) BURIAL (b) Date thereof FEB. 13/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TRENTON ILLINOIS

18. (a) Signature of funeral director C. R. LUPTON SONS

(b) Address 7233 DELMAR BLVD.

19. (a) FEB 12 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SAINT LOUIS

(c) City or town MAPLEWOOD
(If outside city or town limits, write "RURAL")

(d) Street No. # 7168 LYNDOVER AVE.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 60 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
 year 1940 hour 1 minute _____ M.

21. I hereby certify that I attended the deceased from March 9, 1939, to February 11, 1940;
 that I last saw him alive on February 11, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of stomach (pyloric) Duration 18 mos

Due to _____

Due to _____

Other conditions chronic nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

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)

(e) Means of injury _____

23. Signature Ernst W. Delfikow (M. D. or other) _____

Address 3148 Olive St Date signed 2/12/40

Dr E. W. Oelrichsen
31 48 Oelrichsen
Je 1657

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 Bradford A. Miles
Licensed Embalmer No. 2901
P. O. Address St. Louis Mo

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, above space should be left blank.

EW 870

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8136
Registrar's No. 303

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 784

Primary Registration District No. 109

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

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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 George Ramsey Guyot

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased Feb 9 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

{ 13. Birthplace..... (City, town, or county) (State or foreign country)

{ 14. Maiden name.....

{ 15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 21240 (b) TRMayer M D D P 18
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (If outside city or town limits write "RURAL")

(d) Street No..... (If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

20. DATE OF DEATH: Month Feb day 11
year 1946 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
....., 19..... to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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)
Means of injury.....

23. Signat Ernest W Delfikens (M. D. or other)

Address 3148 Oliver Date signed.....

SUPPLEMENTAL

