S. No. 2
—11-10-39
5-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20125

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5073

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-Hours (Specify whether years, months or days)
In this community 7-Years

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. Jefferson Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CLAUDE HARTWELL GUION

3. (b) If veteran, name war None

3. (c) Social Security No. 702-14-0342

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife Margaret Guion

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug. 29th., 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	9	10	hr. min.

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

10. Usual occupation Freight Traffic Manager

11. Industry or business Mo. Pacific R.R.

FATHER
12. Name Unk. Guion
13. Birthplace New Orleans (City, town, or county) La. (State or foreign country)

MOTHER
14. Maiden name Unk. Hartwell
15. Birthplace New Orleans (City, town, or county) La. (State or foreign country)

16. (a) Informant Mrs. Margaret Guion
(b) Address Jefferson Hotel

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 6-11-40 (Month) (Day) (Year)
(c) Place: burial or cremation HOUSTON TEXAS

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JUN 10 1940 (Date received by registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1940 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from June 9, 1940, 19 to June 9, 1940, 19; that I last saw him alive on June 9, 1940, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	1 day
Due to Hypertension	
Due to Hypertensive heart disease	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Malvern T. Bryan (M. D. or other)
Address Mo. Pac. Hospital, St. Louis Date signed 6/9/40

(Licensed Embalmer's Statement on Reverse Side)

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 W H Van Matre

Licensed Embalmer No. 2825.

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.