

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12309
4330

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis,		c. LENGTH OF STAY (If in hospital) 2 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis,		?	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry Hospital				d. STREET ADDRESS (If rural, give location) 2823 Kemp Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Willis		b. (Middle) _____		c. (Last) Guion		4. DATE OF DEATH (Month) (Day) (Year) May 14 1949	
5. SEX male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) m		8. DATE OF BIRTH Nov 21 - 1882		9. AGE (In years last birthday) 66 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) Baker		10b. KIND OF BUSINESS OR INDUSTRY Un-Employed		11. BIRTHPLACE (State or foreign country) St Louis, Mo		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Guston Guion		13b. MOTHER'S MAIDEN NAME Nancy Jane Pasagon		14. NAME OF HUSBAND OR WIFE Myrtle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Edw. Guion		ADDRESS 2823 Kemp Ave	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis overwhelming				INTERVAL BETWEEN ONSET AND DEATH 8 weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus				5 years	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Central Nervous System Lesion 20 years & paralysis					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 61			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2nd X			
22. I hereby certify that I attended the deceased from July 7, 1948, to May 14, 1949, that I last saw the deceased alive on May 14, 1949, and that death occurred at 1:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Cletus L. Krog, M.D.				23b. ADDRESS 5600 Arsenal St St Louis		23c. DATE SIGNED May 15, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-17-49		24c. NAME OF CEMETERY OR CREMATORY Mount Olive		24d. LOCATION (City, town, or county) (State) St Louis County Mo	
DATE REC'D BY LOCAL REG. MAY 15 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Allen W. McLaughlin 2301 Lafayette			

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.

Signed..... *RW Cooper*

Signed.....
Student Embalmer

Licensed Embalmer No. *3130*

P. O. Address *2301 Lafayette*

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.