

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2539

FILED FEB 3 1950

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State File No. 785
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		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 town) St. Louis			c. LENGTH OF STAY (In this place) 7 days	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis					
d. FULL NAME OF (If not in hospital or institution, give street address or location) DePaul Hospital				d. STREET ADDRESS (If rural, give location) 4312 DeSoto Avenue					
3. NAME OF DECEASED (Type or Print) ELIZABETH		a. (First)		b. (Middle)		c. (Last) GUYOT		4. DATE OF DEATH (Month) (Day) (Year) January 23, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 24, 1881		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) _____			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas McElroy,			13b. MOTHER'S MAIDEN NAME Catherine Joyce,			14. NAME OF HUSBAND OR WIFE Leo Guyot, Sr.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-09-1266		17. INFORMANT'S SIGNATURE OR NAME Leo Guyot, Sr.,			ADDRESS 4312 DeSoto Avenue		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis Obstruction of bowels ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) _____						MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION Jan 23 / 50	19b. MAJOR FINDINGS OF OPERATION Cerebral arteriosclerosis. Obstruction of bowels.						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) 1847						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from Jan 19 46 Jan 23, 1950 , that I last saw the deceased alive on Jan 23, 1950 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE Arvin Davis (Degree or title) O.M.D.				23b. ADDRESS 1918 1/2 East 64th			23c. DATE SIGNED 1-24-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-26-50	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.					
DATE REC'D BY LOCAL REG. JAN 25 1950	REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock,		ADDRESS 2117 East Grand Avenue			

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 J. W. Binkley

Licensed Embalmer No. 36531

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, fact should be so stated above.