

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11141 **63-045514** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

**FILED NOV 22 1963**

**1. PLACE OF DEATH**  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 1hr 8min.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived, if institution: Residence before admission)  
 a. STATE Mo b. COUNTY St. Louis  
 c. CITY OR TOWN St. Louis Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 7474 St. Charles Rock Rd. Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print) First TRACEY Middle LEE Last GUYER 4. DATE OF DEATH Month 11 Day 11 Year 63

5. SEX Male 6. COLOR OR RACE White 7. Married  Widowed  Never Married  Divorced  8. DATE OF BIRTH 11-11-63 9. AGE (last birthday) IF UNDER 1 YEAR Months 1 Days 8 IF UNDER 24 HR Hours 1 Min 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) St. Louis, Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Floyd Maurice Guyer 13b. MOTHER'S MAIDEN NAME Janice Lee Fisher 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT Mrs. Floyd Guyer Address 7474 St. Charles Rock Rd.

18. CAUSE OF DEATH (Enter only one cause per line)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) CONGENITAL EVIGERATION  
 DUE TO (b) OF LIVER, STOMACH TRANSVERSE 1 hr.  
 DUE TO (c) COLON & SMALL BOWEL  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5603  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from 11/11/63 11:47 AM and last saw him 11/11/63 12:50 PM live on 11/11/63  
 Death occurred at 12:50 PM 11/11/63 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. Michael M.D. (Degree or title) 22b. ADDRESS 812 OLIVE 22c. DATE SIGNED 11/11/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 11/12/63 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo

24. FUNERAL DIRECTOR E.J. Schnur ADDRESS 3125 Lafayette Ave. 25. DATE RECD. BY LOCAL-REG. NOV 12 1963 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

**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 No Embalmer, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ben Williams

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.