

FILED NOV 23 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9410**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2315 Virginia Avenue
 (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 **Paul E. Juillard**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mathilda Juillard** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Jan 4th 1863**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	10	5 hr. min.

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

10. Usual occupation **Traveling Accountant**

11. Industry or business **Bell Telephone Co.**

12. Name **Edward Juillard**

13. Birthplace **Unknown Switzerland**
 (City, town, or county) (State or foreign country)

14. Maiden name **Pauline Anker**

15. Birthplace **Unknown Switzerland**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mathilda Juillard**

(b) Address **2315 Virginia Avenue**

17. (a) **Burial** (b) Date thereof **Nov 12 1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Wm. J. Robert**

(b) Address **1905 South Grand Blvd.**

19. (a) **NOV 11 1942** (b) **J. F. Brebeck**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2315 Virginia Avenue**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **9th**
 year **1942** hour **1** minute **30** AM.

21. I hereby certify that I attended the deceased from **July 31**
 1942 to **Nov 9 1942**
 that I last saw him alive on **Nov 7th**
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1/2 hr
Chronic Myocarditis	7
Arteriosclerosis	7

Other conditions (Include pregnancy within 3 months of death) **9/30**

Major findings:
 Of operations **9/30**
 Of autopsy **9/30**

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.....
 Signature **B. Shaulkin** (M. D. or other)
 Address **1514 S. Jefferson Ave** Date signed **11/10/42**

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 *John Ketter*
Licensed Embalmer No. *3880*
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 this body is not embalmed, fact should be so stated above.