Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32649
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2189

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Inside Limits Yes ☐ No ☐ X
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital — Length of stay in 1b 6 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Clayton 4002 — Inside Limits Yes ☐ No ☐ X
d. STREET ADDRESS (If outside, give location) 6315 No. Rosebury — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Paull Middle Jules Last Guerard

4. DATE OF DEATH Month Day Year Sept. 14, 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Dec. 20, 1881

9. AGE (In years last birthday) 74 — 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) Export & Sales Mgr.

10b. KIND OF BUSINESS OR INDUSTRY Luyties Pharmacal Co

11. BIRTHPLACE (City and state or country) Bordeaux, France

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis Guerad

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 494-050364

17. INFORMANT Address Mrs Ellen G. Murphy 6315 No. Rosebury

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia Chronic nephritis — INTERVAL BETWEEN ONSET AND DEATH: any
Uremia Chronic nephritis — Aug. 17, 55
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Urinary retention due to prostatic hypertrophy — Nov. 55
DUE TO (c) urinary retention due to prostatic hypertrophy — Nov 55

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Suprapubic prostatectomy 610X ~~593X~~

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 Nov 5 1955 to Sept 14 and last saw her/him alive on Sept 14, 1956
Death occurred at Morning AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H H Kraniolowsky MD Louis N Berard MD

22b. ADDRESS 81 N Clay St St. Louis

22c. DATE SIGNED 9/15/56

23a. BURIAL, CREMATION, REMOVAL Removal [redacted]

23b. DATE Sept. 17, 1956

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Blvd

25. DATE RECD. BY LOCAL REG. 9-16-56

26. REGISTRAR'S SIGNATURE Herbert R. Domke MD

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos. E. McCullah

Licensed Embalmer No. 24

P. O. Address 617 Re

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.