MAR 26 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6330

1. PLACE OF DEATH
County St. Louis
Township
City ~~St. Louis~~ Richmond Heights Mo.
Registration District No. 1170
Primary Registration District No. 6248 H
St. Marys Norp.
File No.
Registered No. 38
(Ward)

2. FULL NAME Paul Deguire
(a) Residence. No. Frederick Town St., Mo. Ward.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16 1888

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
40.	2.	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Paul Deguire
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Paul Deguire
(Address) Frederick Town Mo.

15. FILED 2/17 1928 C L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 17 1928

17. I HEREBY CERTIFY That I attended deceased from 7:30 PM. Feb 17 1928 to 10:30 PM. Feb 17 1928 that I last saw him alive on Feb 17 1928 and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
increased intracranial tension
55D
(duration) yrs. 24 mos. ds.

CONTRIBUTORY (SECONDARY) Tumor? Cyst?
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Frederick Town Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 17 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? not confirmed
(Signed) W T Coughlin, M. D
Oct 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Frederick Town
DATE OF BURIAL: Feb 19 1928.

20. UNDERTAKER: C Z Boyer.
ADDRESS: Frederick Town Mo

N. B. ...uld be carefully supplied. AG... ...ACTLY. PHYSIC... CAUSE ...so that it may be properly classif... ...ent of OCCUPATION

This patient was operated on by me Nov 5 1927 ~~for~~ and a cyst under the brain and in the brain was drained. He began to complain of headache and went into coma after convulsions a few days before his death. He was brought to me comatose and moribund. Ventricular drainage was done the fluid was under great pressure.

W P Coughlin

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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No. .....
Township ..... Primary Registration District No. 6248 — Registered No. 38
City Richmond Heights ..... St. ..... Ward)

2. FULL NAME Paul Deguire
(a) Residence No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16 - 1888.

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED 4/5, 1928 C. L. Jensen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 17 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19..... and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Glioma +
Left hemisphere
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Tumor Cyst
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 840
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. Coughlin, M. D
, 19 (Address) Univ Club Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHOULD NOT RECEIVE A FEE FOR CERTIFICATES UNLESS ARE COMPLETE AS PRESCRIBED BY LAW