

SEP 15 1936

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

Do not use this space.

32559

1. PLACE OF DEATH

County.....
Township.....
City... St. Louis

Registration District No.....
Primary Registration District No. **1003**

File No.....
Registered No. 84103
St. Ward)

2. FULL NAME

John Guyllgaal John Guyllgaal

(a) Residence, No. 2209 Hebert St., 20 Ward.

(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) March 10-1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 5 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RETIRED

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

13. NAME Timothy Gungaal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

15. MAIDEN NAME MARY DENHANEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT Little Sisters of Poor
(ADDRESS) 2209 Hebert St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Aug 13 1936

19. UNDERTAKER ARTHUR J. DONNELLY
(ADDRESS) 3840 Linden II Blvd

20. FILED AUG 13 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1936 to Aug. 12, 1936

I last saw him alive on Aug. 12, 1936 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis (Date of onset)

Other contributory causes of importance: Arteriosclerosis; Semblity.

Name of operation None Date of None
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Anthony C. Prekopich, M. D.
(Address) 1525 W. Cass Ave

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.

