

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42418**
 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10944**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 1 WEEK		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		No. STREET ADDRESS (If rural, give location) 2119 Alfred Ave 17	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Tyler c. (Last) Guise		4. DATE OF DEATH (Month) (Day) (Year) Nov. 29. 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 10. 1894
9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 1	IF UNDER 4 HRS. Days 19	IF UNDER 15 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Wehmuller Shade Co	
11. BIRTHPLACE (City and State or Foreign Country) Evansville, Indiana		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Clinton P. Guise		13b. MOTHER'S MAIDEN NAME Lulu Newhouse	
14. NAME OF HUSBAND OR WIFE Stella Guise			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 499-01-1595	
17. INFORMANT'S SIGNATURE OR NAME <i>Stella A. Guise</i>		ADDRESS 2119 Alfred Ave	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) THROMBOSIS RT. LENTICULO STRIATE ARTERY DUE TO (b) ATHERO SCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from 11-22 , 19 54 , to 11-29 , 19 50 , that I last saw the deceased alive on 11/29 , 19 54 , and that death occurred at 9:15 A. m. , from the causes and on the date stated above.			
22a. SIGNATURE <i>Robert E. Toeh</i>		22b. ADDRESS M.D., 35 N. CENTRAL, CLAYTON Mo	
22c. DATE SIGNED 11/30/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 2. 1954	
24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. DEC 1 1954		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	
FUNERAL DIRECTOR'S SIGNATURE <i>W. Benches-Dickens</i>		ADDRESS 1431 Union Blvd.	

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elton H. Remelius*

Licensed Embalmer No... *428*

P. O. Address... *St. Louis*

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.