FILED NOV 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39435
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10296

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Length of stay in 1b: D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: 4221, Breckendrige Hills — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3131-Chaucer Ave — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DAVID Middle STEWART Last GUILD
4. DATE OF DEATH: Month Nov. Day 10 Year 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jan. 23, 1892
9. AGE (In years last birthday): 64 — 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): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Handlan Inc.
11. BIRTHPLACE (City and state or country): Plattsmouth, Nebr.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: David Guild
14. MOTHER'S MAIDEN NAME: Arvella Cook
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.#1
16. SOCIAL SECURITY NO.: 494-05-7141
17. INFORMANT: Ida B. Guild — Address: 3131-Chaucer Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Thrombosis of left middle cerebral artery — INTERVAL BETWEEN ONSET AND DEATH: 7 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis — several yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
diabetes mellitis 25 years 332X
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 March 31, 1956 to April 10, 1956 and last saw ~~her~~ him alive on April 10, '56
Death occurred at 9:56 a.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F. R. Bradley (Degree or title) M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 11/10/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-13-1956
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): Pagedale, Mo.

24. BURIAL DIRECTOR: Bellmann Bros. Inc. — ADDRESS: 2504-Woodson Rd-Overland-14-Mo.
25. DATE RECD. BY LOCAL REG.: NOV 13 1956
26. REGISTRAR'S SIGNATURE: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 30

P. O. Address Overland

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