

S. No. 300
V. 10.48

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34405**
Registrar's No. **2143**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544**

1. PLACE OF DEATH
a. COUNTY **St. Louis**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kirkwood**
c. LENGTH OF STAY (In this place) **3 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Joseph Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY OR TOWN **Kirkwood** **4008**
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **870 Lawn Court**

3. NAME OF DECEASED
a. (First) **William** b. (Middle) **Michael** c. (Last) **Guerinot**
4. DATE OF DEATH (Month) (Day) (Year) **Aug. 28, 1957**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Never Married**
8. DATE OF BIRTH **Aug. 25, 1957** 9. AGE (In years last birthday) **3** IF UNDER 1 YEAR Months **3** IF UNDER 24 HRS. Days **3** Hours **3** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** **10b. KIND OF BUSINESS OR INDUSTRY** **None** **11. BIRTHPLACE** (City and State or Foreign Country) **Kirkwood, Missouri** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **William Guerinot** **13b. MOTHER'S MAIDEN NAME** **Fannie Murphy** **14. NAME OF HUSBAND OR WIFE** **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **William Guerinot** **ADDRESS** **870 Lawn Crt., Kirkwood**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage, R. Frontal**
INTERVAL BETWEEN ONSET AND DEATH **2 days**
ANTECEDENT CAUSES **Due to (b) Prematurity**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) **Adrenal Cortical Neurohormone**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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)** **Kirkwood Missouri**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from BIRTH, 19____, to _____, 19____, that I last saw the deceased alive on 8/27, 1957, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John C. West MD** **23b. ADDRESS** **2044 Clay, Kirkwood** **23c. DATE SIGNED** **8/28/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **Aug. 29, 1957** **24c. NAME OF CEMETERY OR CREMATORY** **St. Peters Cemetery** **24d. LOCATION** (City, town, or county) (State) **Kirkwood Missouri**

DATE REC'D BY LOCAL REG. **8-28-57** **REGISTRAR'S SIGNATURE** **Herbert D. Dombkowski** **25. FUNERAL DIRECTOR'S SIGNATURE** **Dennis H. Clegg** **ADDRESS** **131 W. Higgins Ave. Kirkwood, Mo**

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 ^{not} embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Francis J. Wylend Jr*
Licensed Embalmer No. *4512*
P. O. Address *Kirkwood, Mo.*

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.