

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

Do not use this space.

16609

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St. Louis Mo** (No. **3818 Arsenal St.**)

File No. **0**
Registered No. **4508**
St. Ward)

2. FULL NAME

Charles F Gulath
(a) Residence, No. **3818 Arsenal** St., **16** Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 6 - 1901**

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
26 — **6**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Druggist**
(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**

10. NAME OF FATHER **Charles Gulath**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

12. MAIDEN NAME OF MOTHER **May Johnson**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Denmark**

14. INFORMANT **Charles Gulath**
(Address) **3818 Arsenal**

15. FILED **MAY 11 1927** **Max S. Clarke** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 12 1927**

17. I HEREBY CERTIFY That I attended deceased from **February 27**, 1927, to **May 12**, 1927, that I last saw him alive on **May 12**, 1927, and that death occurred, on the date stated above, at **9:45 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

72.5 **Hodgkins Disease**
(Lymphogranulomatosis malyria) (duration) yrs. mos. ds.
CONTRIBUTORY **Primary seat Lymph Glands of Neck** (SECONDARY) (duration) yrs. mos. ds. **5 mos. 12 ds.**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
1 DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **December 1926**
WAS THERE AN AUTOPSY? **refused**
WHAT TEST CONFIRMED DIAGNOSIS? **tissue diagnosis**
(Signed) **Herman Johann Rusenfeld** M. D. **May 1926**
, 19 (Address) **601 Metro. 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 **Lake Charles** DATE OF BURIAL **May 14 1927**

20. UNDERTAKER **Amhurst Pardo** ADDRESS **4534**

N. R.—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.

RECORD THIS IS A PERMANENT RECORD

