

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

Do not use this space.

1. PLACE OF DEATH

66 County Wells
Township Richwoods
City (No.) St. Ward)

Registration District No. 562
Primary Registration District No. 5757

File No. 10353
Registered No.

2. FULL NAME

John Henry Gudeman

(a) Residence No. St. Ward.
(Usual place of abode) (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? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>		4. COLOR OR RACE <u>W</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Urselita Lump</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR)					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
	<u>86</u>	<u>2</u>	<u>3</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Farmer</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>11</u>					
(c) Name of employer					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/9 1933

17. I HEREBY CERTIFY, That I attended deceased from 3/2, 1933 to 3/9, 1933
that I last saw him alive on 3/8, 1933 and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lv. Gulp with Senile or Hypo static pneumonia
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 110
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
at home

IF NOT AT PLACE OF DEATH..... DATE OF.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G.W. D... M.D.

3/9, 1933 (Address) Sberia Mo

*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 <u>St. Anthony Cem</u>	DATE OF BURIAL <u>3/10</u> 19 <u>35</u>
20. UNDERTAKER <u>C.L. Casey</u>	ADDRESS <u>Sberia Mo</u>

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Fritz Gudeman

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

12. MAIDEN NAME OF MOTHER Bachman

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

14. INFORMANT John Schepers
(Address) Sberia Mo.

15. FILED Apr 10, 1933 W.A. Van Gorp
REGISTRAR

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 24 1933

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MEMORANDUM FOR THE DIRECTOR, FBI (100-442610) FROM SAC, NEW YORK (100-100000) (P)

RE: [Illegible]

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