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.

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

Do not use this space.

12276

APR 25 1936

1. PLACE OF DEATH
County St Louis — Registration District No. 787
Township Mermac — Primary Registration District No. 6032
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Elmer Gudermuth

(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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1886

7. AGE: YEARS 49 ~~50~~ MONTHS 6 DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) Feb 29 1936
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co Missouri

FATHER
13. NAME Powell Gudermuth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crescent Missouri

MOTHER
15. MAIDEN NAME Sarah Maxwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo.

17. INFORMANT (ADDRESS) Sarah Gudermuth Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pacific Mo DATE 3/4 1936

19. UNDERTAKER (ADDRESS) Thiebes & Son Pacific Mo

20. FILED Mar 1 1936 Wm S Dicke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-1 1936

22. I HEREBY CERTIFY, That I attended deceased from about 20 yr 19 to Jan. 1936
I last saw him alive on Feb 28 1936 Death is said to have occurred on the date stated above, at 7:10 AM,
The principal cause of death and related causes of importance were as follows:

Epilepsy

Date of onset

Other contributory causes of importance:

Chronic valvular lesion of heart.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) D. E. Williams, M. D.
(Address) Union Mo

1936-3-1
1886-8-7
44-6-24