

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

FEB 17 1940 701

Registration District No. 1003

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis, Missouri

(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5yrs. 1mo. 9day
(Specify whether years, months or days)

In this community 30yrs. 1mo. 20days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")

(d) Street No. 2922 Rutger St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Lola Gulick 420

8. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th
year 1940 hour 6:05 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-38, 1938, to Jan. 13, 1940
that I last saw her alive on Jan 13, 1940, 1940
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 24, 1909
(Month) (Day) (Year)

Immediate cause of death _____

Lobar Pneumonia (onset 1-12-40)

8. AGE: Years 30 Months 1 Days 20 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions Epilepsy (onset 1934x)
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

Major findings: Epilpsy

Of operations _____

Of autopsy Yes.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business Walter Otis Gulick

12. Name Unknown

13. Birthplace Missouri

14. Maiden name Alva Peyton Missouri

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. Dezzendy

(b) Address 5740 Arifinal St.

17. (a) BURIAL (b) Date thereof 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS CEM

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette Ave

19. (a) JAN 15 1940 (b) _____
(Date received local registrar)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

28. Signature Anthony K. Bench (M. D. or other)

Address 5300 Arsenal Date signed 1/13/40

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Joseph B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address

3125 Lafayette Ave

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 this body is not embalmed, above space should be left blank.