

S. No. 2
DM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31787

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2040

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1214 Vera Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1214 Vera Avenue
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH T. GUDERMUTH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11 1944 year
hour 4:20 minute _____ M.

21. I hereby certify that I attended the deceased from May 20 1944 to Oct. 4 1944

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Gertrude Gudermuth

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

7. Birth date of deceased: 3 (Month) 11 (Day) 1879 (Year)

that I last saw him alive on Oct. 4 1944 and that death occurred on the date and hour stated above

Immediate cause of death Chronic Endocarditis
Chronic Sub. Nephritis

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>23</u>	_____ hr. _____ min.

Due to _____

Due to 13/a

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Decorator Contractor

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Gudermuth

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Emily Unknown

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

16. (a) Informant Walter W. Althage

(b) Address 6939 Arthur Avenue

17. (a) Cremation (b) Date thereof 10-7-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

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? _____

18. (a) Signature of funeral director Alexander S. Jones

(b) Address 6175 Delmar Boulevard

19. (a) OCT 9 1944 (b) E. G. McHarran, M.P.
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. W. Althage (M. D. or other) Oct. 6-44
Address 2900 Union Bl. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9600

917

11

May 20 1944 to Oct. 4 1944

PHYSICIAN

Oct. 6-44

Print on Reverse Side

F. Kusick
2900 N. Union Ev. 2657

MAY 21 1954

DEC 1 1944

NOV 1 1944

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 E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 6175 Dellmar

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, fact should be so stated above.