S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

41492

State File No.

FILED JAN 11 1949

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10912

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 5411 Dresden
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 5411 Dresden
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louise Gumz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Otto R

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April (Month) 29 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	9	18	hr. min.

9. Birthplace Cleveland (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Geo. Branam
13. Birthplace Cleveland (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Grace Johnson
15. Birthplace Cleveland (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Otto R. Gumz

(b) Address 5411 Dresden

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-48 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director JOS. P. FENDLER, JR. FUNERAL HOME

(b) Address 7128 Michigan Ave.

19. (a) DEC 17 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th year 1948 hour 8:30 minute a. M.

21. I hereby certify that I attended the deceased from 31 Aug 1948 19 to 17 Dec 1948 that I last saw her alive on 16 Dec 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis Generalized	6 month
Due to Primary Carcinoma of Mucous Membrane of Vaginal	
Due to Wall c̄ Metastasis to Cervix Uterus + Intestines	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature George A Grumgmer (M. D. or other) M.D.

Address 5439 Gravois Date signed 17 Dec 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

VS NOV 2 1959

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 Clarence Kochou

Licensed Embalmer No. 3093

P. O. Address 7128 Michigan

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.