

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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FILED APR 1 1949

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State File No. ....  
Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		19			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5532 Chamberlain Ave</b>				d. STREET ADDRESS (If rural, give location) <b>5532 Chamberlain Ave.</b>					
3. NAME OF DECEASED (Type or Print) <b>Salomea Gumper</b>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <b>March 22, 1949</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>		8. DATE OF BIRTH <b>Sept. 6, 1859</b>	
9. AGE (In years last birthday) <b>89</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours		IF UNDER 1 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Baldwin, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>Yes</b>	
13a. FATHER'S NAME <b>Philip Mueller</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Christ Gumper</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Oscar P. Krattli</b>		ADDRESS <b>5532 Chamberlain</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility</b>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
ANTECEDENT CAUSES				DUE TO (b) <b>myocarditis-chronic</b>					
				DUE TO (c) <b>arteriosclerosis of a.o.</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>5-14</b> , 19 <b>48</b> , to <b>3-27</b> , 19 <b>49</b> that I last saw the deceased alive on <b>3-22</b> , 19 <b>49</b> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Louis F. Hour</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>2511 Brentwood Blvd</b>		23c. DATE SIGNED <b>3/24/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/25/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stony Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Gasconade County, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>APR 23 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Laska</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paschedag - Henke</b>		ADDRESS <b>2825 N. GRAND BLV</b>			

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.