

FILED SEP 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31486

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BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 169

1. PLACE OF DEATH <i>St Joseph Hospital</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <i>St Charles</i>		a. STATE <i>Missouri</i>	b. COUNTY <i>St. Charles</i>
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Charles</i>	c. LENGTH OF STAY (in this place) <i>10 weeks</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Hentzville</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Joseph Hospital</i>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) <i>Helen</i>	b. (Middle) <i>Guhlmann</i>	c. (Last)	<i>Sept 17 1949</i>

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Apr. 5 1892</i>	9. AGE (In years last birthday) <i>57</i>	10. UNDER 1 YEAR Months <i>5</i> Days <i>12</i>	11. UNDER 12 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Duties</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Wentzville Mo. RR</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Henry W. Detmer</i>	13b. MOTHER'S MAIDEN NAME <i>Caroline Buschman</i>	14. NAME OF HUSBAND OR WIFE <i>Frank Guhlmann</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Erna Brakensick</i>	ADDRESS <i>Wentzville Mo</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>10 weeks</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>Hypertension</i>		<i>unknown</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>			<i>unknown</i>

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION <i>None</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>None</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>None</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>None</i>
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22. I hereby certify that I attended the deceased from *April*, 1949, to *Sept 17*, 1949, that I last saw the deceased alive on *Sept 17*, 1949, and that death occurred at *7:20 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Don R. Randall, M.D.</i>	23b. ADDRESS <i>307 N 15th St. St. Charles, Mo.</i>	23c. DATE SIGNED <i>Sept 18/1949</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>9-20-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Linn Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Wentzville Mo</i>
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DATE REC'D BY LOCAL REG. <i>9-21-49</i>	REGISTRAR'S SIGNATURE <i>Hannie</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J.C. Pitman</i>	ADDRESS <i>Hentzville Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
SEP 27 1949
District Health Officer No. 9,
District File Number

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.

Signed T. C. Pitman

Signed _____
Student Embalmer

Licensed Embalmer No. 2711

P. O. Address Wentzville, Mo.

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.