No. 300
10-48

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31805

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8368

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Barnes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY 999
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pana
d. STREET ADDRESS (If rural, give location) R. R.

3. NAME OF DECEASED (Type or Print)
a. (First) Cecelia b. (Middle) S. c. (Last) Gudehus

4. DATE OF DEATH (Month) (Day) (Year) Sept. 27 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JAN 24 1884
9. AGE (In years last birthday) 65
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) PANA ILL.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME HENRY BEYERS
13b. MOTHER'S MAIDEN NAME MARY ENDRIS
14. NAME OF HUSBAND OR WIFE GEORGE GUDEHUS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac insufficiency — 6 mo.
DUE TO (c) Arteriosclerotic heart disease — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 18, 19 49, *to* Sept. 27, 19 49, *that I last saw the deceased alive on* Sept. 27, 19 49, *and that death occurred at* 1:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE F R Bradley (Degree or title) M D.
23b. ADDRESS Barnes Hospital,
23c. DATE SIGNED 9/27/49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE SEPT 30 1949
24c. NAME OF CEMETERY OR CREMATORY CALVARY
24d. LOCATION (City, town, or county) PANA (State) ILLINOIS

DATE REC'D BY LOCAL REG. SEP 29 1949
REGISTRAR'S SIGNATURE J. B. Fasatto
25. FUNERAL DIRECTOR'S SIGNATURE Kennedy & Dorn
ADDRESS Pana Ill

(Licensed Embalmer's Statement on Reverse Side)

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

8368

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student ..... Signed .....
Student Embalmer

Licensed Embalmer No. .....

P. O. Address .....

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.