

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **31807**  
**8297**

#100681

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR St. Louis, Missouri. township)		c. LENGTH OF STAY (In this place) <b>5 wks.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>4237 N. 20th St.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>									
3. NAME OF DECEASED a. (First) <b>GUSSIE</b> (Type or Print)			b. (Middle) <b>GULBIN</b>			c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 26th, 1949</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 12, 1893</b>			
9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (State or foreign country) <b>Lithuania</b>			
12. CITIZEN OF WHAT COUNTRY? <b>America</b>									
13a. FATHER'S NAME <b>Sam Schlefendorf</b>			13b. MOTHER'S MAIDEN NAME <b>Marie Shakis</b>			14. NAME OF HUSBAND OR WIFE <b>Frank Gulbin</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>Frank Gulbin</b>		ADDRESS <b>4237 N. 20th St.</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, asthenia, 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>Janner's leucodermis</b>				ANTECEDENT CAUSES <b>Chronic alcoholism</b>				<b>2 years?</b>	
DUE TO (b) _____				DUE TO (c) <b>Encephalopathy due to alcohol</b>				<b>1 month!</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Neuropathy - multiple</b>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>to alcohol</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>124<sup>a</sup></b>					
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? <b>58/11</b>					
22. I hereby certify that I attended the deceased from <b>8/17/49</b> , to <b>9/26/49</b> , that I last saw the deceased alive on <b>9/26/49</b> , 19 <b>49</b> , and that death occurred at <b>12:55 AM</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>[Signature]</b> (Degree or title) _____				23b. ADDRESS <b>1515 Lafayette Ave.,</b>		23c. DATE SIGNED <b>9/26/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 29/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>			
DATE REC'D BY LOCAL REG. <b>SEP 27 1949</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Suedmeyer &amp; Sons</b> ADDRESS <b>3934 N. 20th St.</b>					

WRITE PLAINLY—USING UNFADING 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 Meville B. Hochwetter

Licensed Embalmer No. 3696

P. O. Address 3934 N 20th St.

**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.**