

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 3355  
 Registrar's No. 288

317

4464

2221

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>2221</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Overland Mo.</u>		c. LENGTH OF STAY (in this place) <u>14yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>23 TOWN Overland</u>		d. STREET ADDRESS (If rural, give location) <u>9750 Midland</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 9750 Midland</u>				d. STREET ADDRESS (If rural, give location) <u>9750 Midland</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chas</u> b. (Middle) <u>John</u> c. (Last) <u>Gulath</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 1950</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 7, 1878</u>			
9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Months <u></u> Days <u></u>		11. UNDER 1 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Pattern Maker</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>			
12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Chas Gulath</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Neidecker</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Gulath</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Gulath</u>		ADDRESS <u>9750 Midland</u>			
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, asthma; etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina pectoris</u> DUE TO (c) <u>Hypertension</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>3 hrs</u>	
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) <u>4201</u>					
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 <u>Dec. 16, 1949</u> , to <u>Feb. 2, 1950</u> , that I last saw the deceased alive on <u>Jan. 26, 1950</u> , and that death occurred at <u>11:20 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. S. Brookes, M.D.</u>				23b. ADDRESS <u>University Club Bldg. 3</u>		23c. DATE SIGNED <u>2-3-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 4, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL <u>FEB 3 1950</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander + Sons</u>		ADDRESS <u>6125 Pelmas</u>			

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

M. Q. (Licensed Embellisher's Statement on Reverse Side)

NS  
for records  
University Club Bldg  
Je 4211

**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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

**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.