No. 300
10.48

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15260

State File No.

BIRTH NO. 17476-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1164

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RICHMOND HEIGHTS ~~CLAYTON~~
c. LENGTH OF STAY (In this place) 18 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY JEFFERSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JOACHIM TOWNSHIP
d. STREET ADDRESS (If rural, give location) 0500

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES
b. (Middle) HOWARD
c. (Last) GULAT

4. DATE OF DEATH (Month) MAY (Day) 5 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH MAR. 27, 1950
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT
10b. KIND OF BUSINESS OR INDUSTRY INFANT
11. BIRTHPLACE (State or foreign country) ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME CHARLES R. GULAT
13b. MOTHER'S MAIDEN NAME DOLLY LOGSDON
14. NAME OF HUSBAND OR WIFE NONE

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 CHARLES R GULAT ADDRESS PEVELY MO

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) Infectious diarrhea of new-born — INTERVAL BETWEEN ONSET AND DEATH: 5 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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 5710
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) 5710

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* 4/7, 1950, *to* 5-5, 1950, *that I last saw the deceased alive on* 5-5, 1950, *and that death occurred at* 11a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS 634 N. Grand Ave
23c. DATE SIGNED 5-5-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAY 7, 1950
24c. NAME OF CEMETERY OR CREMATORY PEVELY LUTHERAN
24d. LOCATION (City, town, or county) PEVELY (State) MO

DATE REC'D BY LOCAL REG. MAY 5 1950
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE HEILIGTAG FUNERAL HOME ADDRESS KIMMSWICK MO

(Licensed Embalmer's Statement on Reverse Side)

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~~.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Elmer Ahlightag

Signed.....
Student Embalmer

Licensed Embalmer No. 3571

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.