

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 28242  
Registrar's No. 7566

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

5

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Missouri</b>				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 town) <b>St Louis</b>		c. LENGTH OF STAY (If in this place) <b>2 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Masonic Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5351 Delmar</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Wilhelmina</b>		b. (Middle) _____		c. (Last) <b>Gutting</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9 4 50</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec, 20-1874</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR (Months) (Days) <b>7 15</b>	IF UNDER 2 HRS. (Hours) (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Murphysboro, Illinois.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Constantine Aberle</b>			13b. MOTHER'S MAIDEN NAME <b>Rose Kaercher</b>		14. NAME OF HUSBAND OR WIFE <b>John Gutting, deceased</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Masonic Home of Missouri</b> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis</b>  ANTECEDENT CAUSES DUE TO (b) <b>Hypertension</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>  <b>2 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4th floor</b>				22. I hereby certify that I attended the deceased from <b>10-15-</b> , 19 <b>48</b> , to <b>9-4-</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>9-4-</b> , 19 <b>50</b> , and that death occurred at <b>6:45 Pm.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Robert Daniel Moore M.D.</b>				23b. ADDRESS <b>508 N. Grand</b>		23c. DATE SIGNED <b>9-5-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/7/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>SEP 6 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker-Helderte</b> ADDRESS <b>3634 Gravois</b>			

(Licensed Embalmer's Statement on Reverse Side)

**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 *Robert Wheeler* .....

Licensed Embalmer No. *2128* .....

P. O. Address *St Paul 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.