

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20943**

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY OR TOWN <u>RURAL - MERAMEC</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2259</u>	
c. LENGTH OF STAY (In this place) <u>1 MO. 10 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>17 So. BROADWAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hill Infirmary</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1952</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VICTOR</u> b. (Middle) _____ c. (Last) <u>GUMMERSBACH</u>		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB. 11 - 1881</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EXECUTIVE</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI (ST. LOUIS)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH GUMMERSBACH</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BULTA</u>	
14. NAME OF HUSBAND OR WIFE (DECEASED) <u>ANN ROLFMAYER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Brother Conroy, SUREK, MO.</u> ADDRESS <u>St. Joseph's Hill Infirmary</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>Thrombosis - Hemiplegia RT. SIDE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYOCARDITIS - ARTERIO-SCLEROSIS</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. <u>DIABETIS - MELLITUS</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	
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) _____	
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>May 16, 1952</u> , to <u>June 23, 1952</u> , that I last saw the deceased alive on <u>June 23, 1952</u> , and that death occurred at <u>4:20 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. J. ...</u> (Degree or title) _____		23b. ADDRESS <u>4323 ROLAND DRIVE</u>	
23c. DATE SIGNED <u>6/23/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>6-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY Cemetery</u>	
24d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u> (State) _____		DATE REC'D BY LOCAL REG. <u>7/5/52</u>	
REGISTRAR'S SIGNATURE <u>Auth J. J. ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u> ADDRESS <u>386 Linden Blvd.</u>	

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

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SEP 16 1953

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO MISSOURI 1952
DATE RECEIVED JUL 7

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 7699

P. O. Address St. Charles, 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.