

JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23040**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **1712**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Ladue		c. LENGTH OF STAY (in this place) 6 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) residence-31 Briarcliff		e. CITY (If outside corporate limits, write RURAL and give township) Ladue	
		f. STREET ADDRESS (If rural, give location) 31 Briarcliff	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) ARMIN		c. (Last) GUNDELACH		4. DATE OF DEATH (Month) (Day) (Year) 6 21 52	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married / wid		8. DATE OF BIRTH Feb. 23, 1883	
9. AGE (In years last birthday) 69		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician		10b. KIND OF BUSINESS OR INDUSTRY doctor medical		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
						12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Dr. Charles H. Gundelach		13b. MOTHER'S MAIDEN NAME Theodora Lang		14. NAME OF HUSBAND OR WIFE Julia B. Gundelach	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Julia B. Gundelach, 31 Briarcliff	
				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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH few minutes several years
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis			
		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 4201		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) (Min)		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 **March, 1938**, to **5-27, 1952**, that I last saw the deceased alive on **5-27, 1952** and that death occurred at **5** m., from the causes and on the date stated above.

23a. SIGNATURE Oliver Luten, M.D. (Degree or title)		23b. ADDRESS St. Louis, Mo.		23c. DATE SIGNED 6/20/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 6-24-52		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	

DATE REC'D BY LOCAL REG. 6-24-52		REGISTRAR'S SIGNATURE Herbert B. Dombey, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons-7233 Delmar Blv'd.,	
				ADDRESS	

SW (Licensed Embalmer's Statement on Reverse Side)

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

SEP 20 1952

JUL 23 1952

AUG 1 1952

AUG 29 1952

Rev. Edward Kimmer
5120 Washington
St. - 2866
2-3:30

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.