

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13498

State File No. ....

FILED MAY 14 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3985**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>1-mon.</b>		c. CITY OR TOWN <b>Clayton</b> <b>4157</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hospital</b>		• STREET ADDRESS (If rural, give location) <b>7701 Country Club Court</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>		b. (Middle) <b>M.</b>		c. (Last) <b>Gugerty</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>May 1, 1954</b>		5. SEX <b>M.</b>		6. COLOR OR RACE <b>W.</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S.</b>		8. DATE OF BIRTH <b>Nov. 28, 1903</b>		9. AGE (In years last birthday) <b>50</b> IF UNDER 1 YEAR <b>5</b> Months <b>3</b> Days IF UNDER 24 HRS. <b>5</b> Hours <b>15</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Law Investigator</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Thomas A. Gugerty</b>		13b. MOTHER'S MAIDEN NAME <b>Marion Moritz</b>			
14. NAME OF HUSBAND OR WIFE		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)			
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Thomas A. Gugerty, 7701 Country Club Ct.</b>		17. ADDRESS		17. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Central Edema</b>  ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>High Blood pressure</b> 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>6 wks</b> <b>1 year</b>	
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) <b>St. Louis, Mo. 3134X</b>			
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 <b>March 15, 1954, to death</b> , 19____, that I last saw the deceased alive on <b>May 1, 1954</b> , and that death occurred at <b>6 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>T. A. B. Alford</b>		(Degree or title)		23b. ADDRESS <b>University Club Bldg, St. Louis</b>			
23c. DATE SIGNED <b>5/3/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 4, 1954</b>			
24c. NAME OF CEMETERY OR CREMATORY <b>S.S. Peter &amp; Paul Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		DATE REC'D BY LOCAL REG. <b>MAY 3 1954</b>			
REGISTRAR'S SIGNATURE <b>Carl Smith</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Wm. J. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>			
(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 me....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed W. J. DeLeon.....

Licensed Embalmer No. 467.....

P. O. Address St. Louis.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.