

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35420**
Registrar's No. **8818**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) Millner Hotel-18 & Washington	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) L. c. (Last) GUTWEILER			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 26, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 28, 1876		9. AGE (In years last birthday) 77		10. IN YEARS IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (retired) Clothing Cutter			11. BIRTHPLACE (City and State or Foreign Country) New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Kate Sievert Gutweiler	
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. 493-03-6112		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theodore J. Gutweiler-3709a Bamberger	

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) Carcinoma of Rt Colon 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.			INTERVAL BETWEEN ONSET AND DEATH 8 mos.
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 15 ft	

22. I hereby certify that I attended the deceased from **9-4-54**, 19___, to **9-26-54**, 19___, that I last saw the deceased alive on **9-26-54**, 19___, and that death occurred at **4:45A** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Robert H. Lavelle</i>		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 9-27-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 29, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			

DATE REC'D BY LOCAL REG. SEP 28 1954		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hacker-Kellerle - 3634 Gravois Ave.</i>	
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 26

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.