

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28544**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1817**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Normandy**

c. LENGTH OF STAY (in this place) **5 Months**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Mother of Good Council Home**

STREET ADDRESS (If rural, give location) **3116 Tamm Ave.**

2039

3. NAME OF DECEASED
a. (First) **MAGDALENE** b. (Middle) _____ c. (Last) **GUMMERSBACH**

4. DATE OF DEATH (Month) (Day) (Year) **Aug. 3 1955**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **March 26, 1884**

9. AGE (In years last birthday) **71**

IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework**

10b. KIND OF BUSINESS OR INDUSTRY **At Home**

11. BIRTHPLACE (City and State or Foreign Country) **Manchester, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Simon Weigel**

13b. MOTHER'S MAIDEN NAME **Frances Unknown**

14. NAME OF HUSBAND OR WIFE **Late Aloysius Gummersbach**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No None**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Aloys Gummersbach 3116 Tamm Ave.**

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) **Arteriosclerotic Heart Disease**
ANTECEDENT CAUSES DUE TO (b) **Arteriosclerosis**
DUE TO (c) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS **Senile**
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **4 yr.**

19a. DATE OF OPERATION **None**

19b. MAJOR FINDINGS OF OPERATION **none**

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **none**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **none**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **4200**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **none**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **none**

22. I hereby certify that I attended the deceased from **Mar 4, 1955**, to **Aug 3, 1955**, that I last saw the deceased alive on **Aug 2, 1955**, and that death occurred at **11:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. Staehle M.D.**

23b. ADDRESS **07124 Natural Bridge**

23c. DATE SIGNED **8-4-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **Aug. 6, 1955**

24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **8/4/55**

REGISTRAR'S SIGNATURE **Harley P. Domb...**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Kriegshauser 4228 S. Kingshighway Bl.**

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 *Richard W. Storrison*

Licensed Embalmer No. 400

P. O. Address

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.