

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1955

39117

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2781

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>CLAYTON</u>	c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY OR TOWN <u>BALLWIN</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY HOSP</u>		e. STREET ADDRESS (If rural, give location) <u>PINE CREST NURSING HOME</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> b. (Middle) _____ c. (Last) <u>Gue</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1955</u>
---	---

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>abt 1865</u>	9. AGE (In years last birthday) <u>abt 87</u>
-----------------	---------------------------	---	----------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LOUISVILLE KY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>EDWARD KIRCHER</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>ANTHONY GUE</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>Margaret BECKER</u>	ADDRESS <u>2519 SAHLSBURG</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bleeding Duodenal Ulcer</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerotic cardiovascular disease</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Nephrosclerosis.</u>			

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) <u>5410</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	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 11-24, 1955 to 11-25, 1955, that I last saw the deceased alive on 11-25, 1955, and that death occurred at 7:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William H. Garis M.D.</u>	23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo</u>	23c. DATE SIGNED <u>11-26-55</u>
---	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>11/25/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ALL SAINTS CEM</u>	24d. LOCATION (City, town, or county) (State) <u>ST PETERS MO</u>
--	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>11-28-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Douberd</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MOYDELL UND</u>	ADDRESS <u>-1426 ALLEN AVE</u>
--	---	---	--------------------------------

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 <sup>Not embalmed</sup> ~~was embalmed~~  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Reinhold K. Lohmann* .....

Licensed Embalmer No. *339*.....

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.