

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

19668

State File No.

FILED JUN 10 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1352

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock</u>		c. CITY OR TOWN <u>Lemay, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital, Rock, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>3709 Bobbing</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>	b. (Middle) <u>L.</u>	c. (Last) <u>de Gumia</u>	4. DATE OF DEATH Month <u>May</u> Day <u>26</u> Year <u>1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 22, 1901</u>	9. AGE (In years last birthday) <u>56</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Automobile Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Public Serv. Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert de Gumia</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Boyer</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Higgsocham</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-10-3317</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Koch Hospital records</u>	ADDRESS <u>Rock, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Carcinoma of Lungs</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 23, 1957, to May 26, 1957, that I last saw the deceased alive on May 26, 1957, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Jones</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Robert Koch Hospital, Rock, Mo.</u>	23c. DATE SIGNED <u>5-26-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-29-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-28-57</u>	REGISTRAR'S SIGNATURE <u>Robert B. Donlehd</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u> ADDRESS <u>6322 S. Grand, St. Louis, Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10.48

County

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 *David Van Kester*.....

Licensed Embalmer No. *428*.....

P. O. Address *5. Davis*.....

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.