Health, & Welfare
Public
Service

S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

46718
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3188

1. PLACE OF DEATH
a. COUNTY St. Louis.
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Richmond Heights, Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hospital Length of stay in 1b 2½ wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gasconade
c. CITY OR TOWN Hermann — 0377 Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Local Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Otto Middle Last Gula
4. DATE OF DEATH Month Day Year Dec-14-1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH July 15, 1885
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bookkeeper Stone Hill Wine Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Germany 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Otto Gula
13b. MOTHER'S MAIDEN NAME Laura Stark
14. NAME OF HUSBAND OR WIFE Nil.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs Selma Klenk, Hermann, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Empyema of the gall bladder
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) dehydration & gall stones
DUE TO (c) Cancer of the sigmoid colon
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) SEVERE SYSTOLIC HYPERTENSION C̄ SECONDARY RENAL DAMAGE
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 584 X.H
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 27 Nov. '57, to 14 Dec. 57 and last saw ~~her~~ him alive on 14 Dec. 57
Death occurred at 11:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. A. Sindhuwal M.D.
22b. ADDRESS St. Louis Mo 4401 Hampton Ave.
22c. DATE SIGNED 12-16-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE 12-16-57
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Ruediger Funeral Home, Hermann, Mo.
25. DATE RECD. BY LOCAL REG. 12-16-57
26. REGISTRAR'S SIGNATURE Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Elmer R. Sandwell

Licensed Embalmer No. 4077

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.

JUL 17 1958