

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2981

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 791

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crestwood 4880	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 15 Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 27 912 Liggett Dr	
3. NAME OF DECEASED (Type or Print) a. (First) Rose		c. (Last) Gutwald	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 18, 1906	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Worker		10b. KIND OF BUSINESS OR INDUSTRY Electric Appliances	
11. BIRTHPLACE (State or foreign country) East St. Louis, Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Joseph Boehm		13b. MOTHER'S MAIDEN NAME Louise Biffel	
14. NAME OF HUSBAND OR WIFE		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.		17. INFORMANT'S SIGNATURE OR NAME June Morrow	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix Uteri Carcinoma of cervix-uteri DUE TO (b) Carcinoma Lung/Metastatic Carcinoma of lungs (metastatic) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 171X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?		22. I hereby certify that I attended the deceased from Dec 9, 1957, to Jan 22, 1958, that I last saw the deceased alive on Jan 22, 1958, and that death occurred at 7:10 A.M., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) W. T. Wagnersbach M.D.		23b. ADDRESS 4717 Morganford	
23c. DATE SIGNED 2/22/58		24a. LOCATION (City, town, or county) (State) Belleville, Ill	
24b. DATE Jan. 25, 1958		24c. NAME OF CEMETERY OR CREMATORY Valhalla	
24d. LOCATION (City, town, or county) (State) East St. Louis, Ill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE REC'D BY LOCAL REG. JAN 22 '58		REGISTRAR'S SIGNATURE C. Smith M.D. Chas. Burke (Licensed Embalmer's Statement on Reverse Side)	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Chas M. Burke

Signed.....
Student Embalmer

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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 this body is not embalmed, fact should be so stated above.