Health,
Welfare
Public
Service

. 300
. 1-56 O

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

58-022971
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 149

**1. PLACE OF DEATH**
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital — Length of stay in 1b

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN Cottleville — Inside Limits Yes ☐ No ☐
0920
d. STREET ADDRESS R. R. #2 (If outside, give location) — Reside on Farm Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First August Middle H. Last Gutermuth

**4. DATE OF DEATH** Month June Day 10 Year 1958

5. SEX Male O
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐
8. DATE OF BIRTH Sept 8, 1888
9. AGE (In years last birthday) 69 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Cottleville, Mo-O
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Gutermuth
14. MOTHER'S MAIDEN NAME Sophia Kopp
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 488-26-0969
17. INFORMANT Mrs. Esther Gutermuth Address R.R.#2

**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) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) With Infarction — (8 hours)
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ /

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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 June 10 to 58 June 10 58 and last saw her/him alive on June 10-58
Death occurred at 11 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M Jenkins (Degree or title) MD-O
22b. ADDRESS St Charles, Mo
22c. DATE SIGNED June 11, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 12, 1958
23c. NAME OF CEMETERY OR CREMATORY Weldon Springs
23d. LOCATION (City, town, or county) Weldon Springs (State) Mo

24. FUNERAL DIRECTOR Arthur C. Baue Funeral Home ADDRESS St Charles, Mo
25. DATE RECD. BY LOCAL REG. June 11-58
26. REGISTRAR'S SIGNATURE Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 1958

JUN 28 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur C. Bane

Licensed Embalmer No. 3/1

P. O. Address St Charles

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