

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027524
STATE FILE NUMBER

FILED AUG 1 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7080**

5. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital		Length of stay in 1b 2 Weeks	d. STREET ADDRESS 2033 E. Alice Avenue
3. NAME OF DECEASED (Type or print) First Hulda M. Middle Bremer Last Guth HULDA M. BREMER GUTH		4. DATE OF DEATH Month July Day 16 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 8, 1878
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady		9b. KIND OF BUSINESS OR INDUSTRY Assoc. Fund	9c. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. CITIZEN OF WHAT COUNTRY? USA
11a. FATHER'S NAME Charles T. Bremer		11b. MOTHER'S MAIDEN NAME Louise Stadler	11c. NAME OF HUSBAND OR WIFE William C. Uphoff
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		13. SOCIAL SECURITY NO. 494-05-3506	14. INFORMANT Address Mr. John E. Guth - 2033a E. Alice Avenue
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH 15 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE			10 years
DUE TO (c) DIABETES MELLITUS			9 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			16. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
17a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		17b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
18c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
19a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		19b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	19c. CITY, TOWN, OR LOCATION COUNTY STATE
20. Attended the deceased from 5-3-57 to 7-16-58 and last saw her alive on 7-15-58		Death occurred at 2:20 AM m on the date stated above; and to the best of my knowledge, from the causes stated.	
21. SIGNATURE W. M. Seviere (Degree or title) O M.D.		22b. ADDRESS 4356 Warne Avenue (7)	22c. DATE SIGNED 7-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 18, 1958	23c. NAME OF CEMETERY OR CREMATORY Mascoutah City Cemetery	23d. LOCATION (City, town, or county) (State) Mascoutah, Illinois
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair		25. DATE RECD. BY LOCAL REG. JUL 17 '58	26. REGISTRAR'S SIGNATURE J. C. Smith MD

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Clement McNeary*

Licensed Embalmer No. *3732*
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.