

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045273
STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 283

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| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles</u> | | c. CITY OR TOWN <u>St. Charles</u> ⁰⁹²³ ₀ | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>809 McDonough St.</u> | | d. STREET ADDRESS (If outside, give location) <u>809 McDonough</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Ella</u> Middle <u>Gutermuth</u> Last <u>Gutermuth</u> | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>7</u> Year <u>1958</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 20, 1890</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-Keeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>House-Keeper</u> | 11. BIRTHPLACE (City and state or country) <u>Cottleville, Mo.</u> |
| 13a. FATHER'S NAME <u>William Phillips</u> | | 13b. MOTHER'S MAIDEN NAME <u>Amelia Casper</u> | 14. NAME OF HUSBAND OR WIFE <u>Theodore Gutermuth</u> |
| 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>None</u> | 17. INFORMANT Address <u>Theodore Gutermuth, St. Charles, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>hepatoheirnia</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>446x</u> | | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 <u>Sept. 27, 1958</u> to <u>October 7, 1958</u> and last saw her alive on <u>Oct. 7, 1958</u> Death occurred at <u>7:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>G. J. Canty, M.D.</u> (Degree or title) | | 22b. ADDRESS <u>St. Charles, Mo.</u> | |
| 22c. DATE SIGNED <u>Dec. 9, 1958</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Dec. 10, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Cottleville, Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>Cottleville, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Arthur C. Baue</u> St. Charles, Mo. | | 25. DATE RECD. BY LOCAL REG. <u>Dec 10-58</u> | 26. REGISTRAR'S SIGNATURE <u>Marcella Wilson</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *David P. Paul*

Licensed Embalmer No. *5060*

P. O. Address *St. Charles, Mo.*

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.