

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003962

STATE FILE NUMBER

FEB 11 1959

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

276

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lemay 25		c. CITY OR TOWN Lemay 25 4008	
c. FULL NAME OF HOSPITAL OR INSTITUTION 4020 Mt. Olive R		d. STREET ADDRESS (If outside, give location) 4020 Mt. Olive Rd.	
Length of stay in lb 51 yrs.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First William Middle B. Last Gevermuehle			4. DATE OF DEATH Month Jan Day 29 Year 1959		
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5. SEX male	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 20, 1871	9. AGE (In years of birthday) 87	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Herman Gevermuehle	13b. MOTHER'S MAIDEN NAME Elizabeth Schoer	14. NAME OF HUSBAND OR WIFE Elizabeth
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Elizabeth Gevermuehle, Lemay 25, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mitochondrial carcinoma of liver		INTERVAL BETWEEN ONSET AND DEATH 2 Mo
DUE TO (b) Carcinoma of sigmoid		
DUE TO (c) _____		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 1533
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 Lemay 25, Mo.	COUNTY _____ STATE _____
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21. I attended the deceased from 9-9-58 to 1-28-59 and last saw ^{her} alive on 1-27-59 Death occurred at 2 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Notary Public	22b. ADDRESS 406 Olive St.	22c. DATE SIGNED 1-29-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1-31-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem	23d. LOCATION (City, town, or county) (State) Lemay 25, Mo.
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24. FUNERAL DIRECTOR Fendler Und. Co., 7420 Michigan	25. DATE RECD. BY LOCAL REG. 1-29-59	26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
-57 1

Health,
Welfare
Public
Service

Mr W. G. Peterson
506 Olive St

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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7420 Mic*

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.