

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003968

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 270

FILED FEB 11 1959

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-57

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Moline Acres</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Moline Acres 4000</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2448 Caverhill Dr.</b>		Length of stay in lb <b>2 1/2 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>2448 Caverhill Dr.</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)	First <b>MARY</b>	Middle <b>ADELE</b>	Last <b>GUHMAN</b>	4. DATE OF DEATH	Month <b>Jan.</b>	Day <b>27</b>	Year <b>1959</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 18, 1869</b>	9. AGE (In years birthday)	IF UNDER 1 YEAR Months <b>89</b>	IF UNDER 24 HRS. Days <b>89</b>	Hours <b>89</b>	Min. <b>89</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Thomas Ferrenbach</b>	13b. MOTHER'S MAIDEN NAME <b>Katherine Flock</b>	14. NAME OF HUSBAND OR WIFE <b>John S. Gulman</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Adele Wilson 2448 Caverhill Dr.</b>	Address
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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) <b>Arterio sclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b>
DUE TO (b) <b>Arterio sclerotic</b>		
DUE TO (c) <b>Chronic Hepatitis</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>		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.) <b>4200</b>
20c. TIME OF INJURY Hour <b>4:00</b> a.m. <b>4:00</b> p.m. <b>4:00</b>	

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 <b>St. Louis</b>	COUNTY <b>Mo.</b>	STATE <b>Mo.</b>
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21. I attended the deceased from <b>Aug 1948</b> to <b>Jan 27, 1959</b> and last saw her <b>alive on Jan. 25, 1959</b> Death occurred at <b>P</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>D. J. Honick M.D.</b>	22b. ADDRESS <b>8902 Riverview Blvd</b>	22c. DATE SIGNED <b>1-28-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>1/30/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis</b>	(State) <b>Mo.</b>
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24. FUNERAL DIRECTOR <b>Buchholz Mortuary 5967 W. Florissant</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>1-28-59</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>
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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 *Robert G. Buckley* .....

Licensed Embalmer No. *4551* .....

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.