

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013841

STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hillsboro, Mo.</u>		c. CITY OR TOWN <u>Hillsboro</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>Cedar Grove Nursing Home</u>	
3. NAME OF DECEASED (Type or print) First <u>Rudolph</u> Middle <u>K.</u> Last <u>Guehne</u>		4. DATE OF DEATH Month <u>Apr.</u> Day <u>2</u> Year <u>1959</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 14, 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, exempt if retired) <u>ret. Salesman United Shoe Machinery Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Machinery Co.</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unk. Guehne</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Koch</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Guehne</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give branch and dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-09-0326</u> Name of informant <u>Robert Guehne</u> Address <u>419 Bacon</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>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</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>4201</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 1958</u> to <u>4-2-59</u> and last saw him alive on <u>4-2-59</u> Death occurred at <u>7 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John W. Drake M.D.</u> (Degree or title)		22b. ADDRESS <u>3606 Harris St. Louis Mo</u>	
22c. DATE SIGNED <u>4-3-59</u>		23. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>4-6-59</u>	
23c. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>		23d. (State)	
24. FUNERAL DIRECTOR ADDRESS <u>Southern Funeral Home</u> <u>6322 S. Grand, St. Louis, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4/3/59</u>	
26. REGISTRAR'S SIGNATURE <u>Oliver P. ...</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL diseases in Part I must be causally related.

Dr Doak
4 PM
3606 Madison

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 Harold Van Fossan

Licensed Embalmer No. 4542
P. O. Address St Louis 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.