

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019200

STATE FILE NUMBER

24500

FILED MAY 18 1959

Registration District No.

Primary Registration District No.

Registrar's No.

100  
-57  
76  
06

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis Altenheim</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>5408 So. Broadway</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Lisseta Guth</b>			4. DATE OF DEATH Month Day Year <b>May 6, 1959</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-15-1873</b>
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	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <b>85</b> Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <b>St. Louis</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Daniel Welscher</b>		13b. MOTHER'S MAIDEN NAME <b>Naria Valendorn</b>	14. NAME OF HUSBAND OR WIFE <b>Alfred Guth</b>
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.	17. INFORMANT Address <b>Alfred Guth, 9155 Darlene Affton, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> DUE TO (b) <b>arterio Sclerosis</b> DUE TO (c) <b>331+</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days &amp; 8 hrs</b> <b>?</b>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>---</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>---</b>		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.) <b>St Louis</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>St Louis Mo.</b>	
21. I attended the deceased from Death occurred at <b>Jan 18 1958</b> to <b>May 6 1959</b> and last saw her alive on <b>May 6 1959</b> <b>2 30 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>May Staibly M.D.</b>		22b. ADDRESS <b>512 Drew Place</b>	22c. DATE SIGNED (State) <b>5/6/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5-9-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Pauls Church Yard</b>
23d. LOCATION (City, town, or county) <b>St. Louis Co.</b>		24. FUNERAL DIRECTOR ADDRESS <b>Edward Fendler 5611 South Grand Blvd.</b>	
25. DATE RECD. BY LOCAL REG. <b>MAY 7 '59</b>		26. REGISTRAR'S SIGNATURE <b>Loal Smith. M.D.</b> <b>mjb</b>	

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 *J. A. Humphrey* .....

Licensed Embalmer No. *4772* .....  
P. O. Address *Sanction M.W.* .....

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.