

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014761

FILED VS. MAY 16 1960

Registration District No. 111 Primary Registration District No. 5427 Registrar's No. 10

STATE FILE NUMBER

| | | | | | | | | |
|--|--|---|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>enroute to St. Francis</u> | | Length of stay in 1b | | c. CITY OR TOWN <u>Allenton</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hospital, Washington Mo</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Lon</u> Middle <u>Bell</u> Last <u>Gudermuth</u> | | | | 4. DATE OF DEATH Month <u>May</u> Day <u>6</u> Year <u>1960</u> | | | | |
| 5. SEX <u>m</u> | 6. COLOR OR RACE <u>wh</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>Apr 19, 1903</u> | 9. AGE (last birthday) <u>57</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>electrical draftsman</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Union Electric</u> | | 11. BIRTHPLACE (City and state or country) <u>Allenton Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S.</u> | |
| 13a. FATHER'S NAME <u>John Gudermuth</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Georgina Goff</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Beatrice Gudermuth</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>493-85-1612</u> | | 17. INFORMANT <u>Beatrice Gudermuth</u> Address <u>Allenton 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>Acute Coridic Decompenstion</u> DUE TO (b) <u>Acute Myocardial Infarction</u> DUE TO (c) <u>Hypertensive arterio sclerosis.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) | | | | |
| 20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> | | 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>1958</u> to <u>May 6, 1960</u> and last saw him alive on <u>May 6, 1960</u> Death occurred at <u>2:40 PM May 6, 1960</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | | | | 22b. ADDRESS <u>Washington Mo</u> | | | 22c. DATE SIGNED <u>5/7/60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>May 9 '60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Allenton Mo</u> | | 23d. LOCATION (City, town, or county) <u>Allenton Mo.</u> | | (State) | | |
| 24. FUNERAL DIRECTOR <u>Mrs. John L. Reick</u> ADDRESS <u>St. Louis Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>May 9-1960</u> | | 26. REGISTRAR'S SIGNATURE <u>Mary B. Gross.</u> | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 21 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union, 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.