

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007134

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 420

FILED VS MAR 2 1961

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Eureka Length of stay in 1b 4 Mos
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Augustine Rd. Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY St. Louis
 c. CITY OR TOWN Eureka Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Augustine Rd. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Mary Middle O. Last Gudermuth 4. DATE OF DEATH Month Feb Day 8 Year 1961
 5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-27-86 9. AGE (last birthday) 73 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (City and state or country) Gray Summit, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME John Meyers 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE George Gudermuth
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. no 17. INFORMANT Address Woodrow Gudermuth Eureka, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Carcinoma - primary uterine INTERVAL BETWEEN ONSET AND DEATH 2 years
 DUE TO (b) _____
 DUE TO (c) _____
 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) Essential Hypertension
 PART III. If deceased was female was there a pregnancy in last 90 days Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 6-22-59 to 2-8-61 and last saw her him alive on 2-8-61
 Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) _____ 22b. ADDRESS Eureka Medical Centre, Eureka Mo. 22c. DATE SIGNED 2/9/61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 2-11-61 23c. NAME OF CEMETERY OR CREMATORY Pacific City Cem. 23d. LOCATION (City, town, or county) (State) Pacific Mo.

24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home Ballwin, Mo. 25. DATE RECD. BY LOCAL REG. 2-10-61 26. REGISTRAR'S SIGNATURE [Signature]

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.