

FILED AUG 14 1942 791

State File No. _____
Registrar's No. 6508

Primary Registration District No. 1002

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 hours
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3919a Botanical
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT Edna P. Gudermuth
FULL NAME

3. (b) If veteran. name war No 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Gilbert 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased June 26, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 1 4 _____ hr. _____ min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Julius C. Pfenninger

13. Birthplace Highland, Ill. (City, town, or county) (State or foreign country)

14. Maiden name Hulda Hauptner (City, town, or county) (State or foreign country)

15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Gilbert Dudermuth

(b) Address 3919a Botanical

17. (a) Burial (b) Date thereof 8/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) AUG 1 1942 (Date received local registrar) J. T. Prosser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1942 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from July 23 1942 to July 30 1942
that I last saw her alive on July 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, secondary bleeding colon

Due to N

Due to 27 hr

Other conditions 27 hr
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1/2

Of autopsy yes

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Walter J. Glass (M. D. or other) _____

Address 506 Olive St. Date signed 7-31-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

L. R. Cooper
Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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 this body is not embalmed, fact should be so stated above.