

FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24158**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **6051** Registrar's No. **144**

1. PLACE OF DEATH  
a. COUNTY **St. Charles**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **St. Charles**

b. CITY (If outside corporate limits, write RURAL and give township) **St. Charles (Rural)**  
c. LENGTH OF STAY (in this place) **40 years**

c. CITY (If outside corporate limits, write RURAL and give township) **Rural - St. Charles**

d. FULL NAME OF HOSPITAL OR INSTITUTION **County Farm**

d. STREET ADDRESS (If rural, give location) **County Farm 0970**

3. NAME OF DECEASED  
a. (First) **Ellen** b. (Middle) **C.** c. (Last) **Guhlemaan**

4. DATE OF DEATH (Month) (Day) (Year)  
**July 14 1951**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Sept. 13, 1877**

9. AGE (In years last birthday) **73**

IF UNDER 1 YEAR Days **10** IF UNDER 1 HRS. Hours **1** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Maid**

10b. KIND OF BUSINESS OR INDUSTRY **County Home**

11. BIRTHPLACE (State or foreign country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Herman Meinershagen**

13b. MOTHER'S MAIDEN NAME **Mrs. ~~not known~~ Brehm**

14. NAME OF HUSBAND OR WIFE **Henry Guhlemaan**

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. **None**

17. INFORMANT'S SIGNATURE OR NAME **Henry Guhlemaan** ADDRESS **Augusta Mo**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
**MEDICAL CERTIFICATION**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma of uterus 3 yrs**  
INTERVAL BETWEEN ONSET AND DEATH  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Generalized metastasis**  
DUE TO (b)  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO  **174X**

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1st, 1951**, to **July 14, 1951**, that I last saw the deceased alive on **Jan 13, 1951**, and that death occurred at **6:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. Erich Schubert, M.D.**

23b. ADDRESS **St. Charles Mo.**

23c. DATE SIGNED **7/17/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **7, 17, 51**

24c. NAME OF CEMETERY OR CREMATORY **Augusta City Cemetery**

24d. LOCATION (City, town, or county) (State) **Augusta Mo.**

DATE REC'D BY LOCAL REG. **7/17/51**

REGISTRAR'S SIGNATURE **Frank H. ...**

25. FUNERAL DIRECTOR'S SIGNATURE **M. ...** ADDRESS **Wentzville Mo.**

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JUL 23 1951

RECEIVED

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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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Howard O. Kemler*

Licensed Embalmer No. \_\_\_\_\_

*4631*

P. O. Address \_\_\_\_\_

*Wentzville*

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.