

No. 300
10.48

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29050

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3086

1. PLACE OF DEATH a. COUNTY <u>St. Louis</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, write RURAL and give township) OR TOWN <u>(St. Louis) KELLSTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>4301 St. Louis, Mo KELLSTON</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>7300 St. Charles Rk. Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Sanitarium</u>			
3. NAME OF DECEASED a. (First) <u>Anna</u> b. (Middle) <u>Gummerbach</u> c. (Last) <u>Gummerbach</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 6 51</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 2, 1880</u>
9. AGE (In years last birthday) <u>70</u>		10. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Joseph Rolfmayer</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Munkes</u>	
14. NAME OF HUSBAND OR WIFE <u>Victor Gummerbach</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>St. Vincent's Sanitarium Records 4301 Kellston</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>
*This does not mean the mode of dying, such as heart failure, ashenia, 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. DUE TO (b) <u>Generalized Arteriosclerosis</u>			<u>4 yrs</u>
DUE TO (c) <u>4200</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Schizophrenia</u> <u>Epilepsy</u>			<u>1 1/2 yrs</u> <u>4 yrs</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec 5, 1949</u> , to <u>Sept 6, 1951</u> , that I last saw the deceased alive on <u>Sept 6, 1951</u> , and that death occurred at <u>9:25 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph A. Costello</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2407 N. Downy, St. Louis</u>	
23c. DATE SIGNED <u>9/6/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-8-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-7-51</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Dombke</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>3840 Rendell</u>	

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

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm S. [Signature]

Licensed Embalmer No. 4699

P. O. Address St Charles, 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 this body is not embalmed, fact should be so stated above.