

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 135065
8888
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis.</u>		c. LENGTH OF STAY (in this place) township)	c. CITY (If outside corporate limits, write RURAL and give township) <u>8120</u> OR TOWN <u>Belleville.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route, Illinois Street</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LORETTA</u>	b. (Middle) <u>CLARA</u>	c. (Last) <u>GAUBATZ</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-6-51</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED-1</u>	8. DATE OF BIRTH <u>MAR. 15-1909</u>	9. AGE (In years last birthday) <u>42</u>	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Belleville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tony Cernak</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Duff</u>		14. NAME OF HUSBAND OR WIFE <u>Sylvester</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sylvester Gaubatz</u> ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Hypertensive Cardiovascular renal disease</u> <u>5 years</u>		
DUE TO (c) <u>Chronic Glomerulonephritis</u>			<u>5 years</u>		
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 <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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>HHTX</u>		
22. I hereby certify that I attended the deceased from <u>8-24</u> , 19 <u>51</u> , to <u>10-6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-6</u> , 19 <u>51</u> , and that death occurred at <u>1:10 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Myron W. Wheat Jr.</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>10-6-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Belleville, Ill.</u>		
DATE REC'D BY LOCAL REG. <u>10/8 1951</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D. xP</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u> ADDRESS <u>4104 Manchester Ave.</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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

John Ketter
.....
Licensed Embalmer No. 3880

P. O. Address.....

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.