

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33319**

FILED OCT 1 - 1953

REGISTRAR'S NO. **8368**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		REGISTRAR'S NO. 8368		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY ST. LOUIS				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 4816				
d. FULL NAME OF HOSPITAL OR INSTITUTION INCARNATE WORD Hosp.				d. STREET ADDRESS (If rural, give location) 4666 TIEMANN				
3. NAME OF DECEASED (Type or Print) a. (First) MAMIE b. (Middle) ZURLINE c. (Last) GUTHLAND			4. DATE OF DEATH (Month) (Day) (Year) AUG. 28 1953					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED		8. DATE OF BIRTH MAR. 19 1883		
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY AT Home		11. BIRTHPLACE (State or foreign country) MISSOURI		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME PHILLIP GAZZARD		13b. MOTHER'S MAIDEN NAME MARY PECKHART		14. NAME OF HUSBAND OR WIFE FRANK GUTHLAND		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME FRANK GUTHLAND ADDRESS 4666 TIEMANN				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute mesenteric Thrombosis INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 8/27/53		19b. MAJOR FINDINGS OF OPERATION Entire Small Bowel gangrenous.					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 570.2				
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 8/25/53 , 1953, to 8/27/53 , that I last saw the deceased alive on 8/27/53 , and that death occurred at 1:05 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) William F. McClanahan M.D.				23b. ADDRESS 7619 a Gray Ave		23c. DATE SIGNED 8/28/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG. 31 1953		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		
DATE REC'D BY LOCAL OFFICE AUG 28 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis 2906 Service ADDRESS				

S. D. (Licensed Embalmer's Statement on Reverse Side)

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

1011 - Person
Jan 22 37
1³⁰ to 3³⁰ pm Friday
105 am

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 James C. Hill of
.....
Licensed Embalmer No. 4347
P. O. Address 2906 Lewis

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.