

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37582

State File No. 37582
Registrar's No. 9902

FILED OCT 29 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY ST. LOUIS MO.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY OR TOWN ST. LOUIS MO	c. LENGTH OF STAY (In this place) 5 days	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		e. STREET ADDRESS 2 5182 ROSA	(If rural, give location) 2029 / 0

3. NAME OF DECEASED (Type or Print) a. (First) GUSTAV b. (Middle) MARTIN c. (Last) SCHURICHT			4. DATE OF DEATH (Month) (Day) (Year) 10 - 15 - 53		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 24, 1874	9. AGE (In years last birthday) 79	If UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHYSICIAN		10b. KIND OF BUSINESS OR INDUSTRY MEDICAL	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME GUSTAVS. SCHURICHT		13b. MOTHER'S MAIDEN NAME ESTELL CAROLINA CAROLINA L. SCHURICHT		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME GUSTAV C. SCHURICHT ADDRESS 3651 Phillips	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute gangrenous appendicitis with Peritonitis		DUE TO (b) _____			10/8/53	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. coronary artery disease with acute cardiac failure					10/15/53	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Gangrene of entire appendix - Perforation		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? 5501	

22. I hereby certify that I attended the deceased from **10/10, 1953**, to **10/15, 1953**, that I last saw the deceased alive on **10/15, 1953**, and that death occurred at **5:30P m.**, from the causes and on the date stated above.

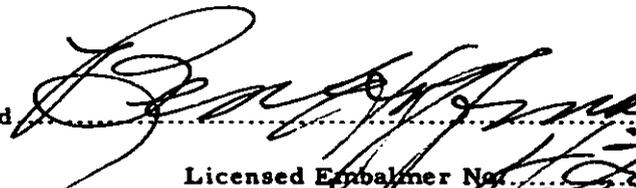
23a. SIGNATURE Theo. H. Hauser M.D. (Degree or title)		23b. ADDRESS 3701 Grandel Square		23c. DATE SIGNED 10/16/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-17-53		24c. NAME OF CEMETERY OR CREMATORY Our Redeemer	
24d. LOCATION (City, town, or county) (State) St. Louis Missouri Mo		25. FUNERAL DIRECTOR'S SIGNATURE McManis Rd		ADDRESS 5930 Southant	
DATE REC'D BY LOCAL REG. OCT 16 1953		REGISTRAR'S SIGNATURE J. Carl Smith			

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.....
Signature of Student Embalmer

Signed 
Licensed Embalmer No.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.