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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1956

State File No. **17941**
Registrar's No. **4776**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo.		c. CITY OR TOWN ST. LOUIS Mo.	
c. LENGTH OF STAY (in this place) 1 Mon.		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 ST. LUKES HOSPITAL		e. STREET ADDRESS (If rural, give location) 12 321 BELT AVE 21290	

3. NAME OF DECEASED (Type or Print) MARGUERITE EHLERMANN GUNDELACH			4. DATE OF DEATH (Month) (Day) (Year) 5 - 15 - 1956		
a. (First)	b. (Middle)	c. (Last)	5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH DEC 19, 1876	9. AGE (In years last birthday) 79	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHARLES EHLERMANN		13b. MOTHER'S MAIDEN NAME CHRISIE GEBBERS		14. NAME OF HUSBAND OR WIFE WILLIAM J. GUNDELACH	
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 MRS HELMUTH F. STUDE ADDRESS 321 BELT AVE.	

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) Adenocarcinoma of Stomach Adenocarcinoma of stomach		INTERVAL BETWEEN ONSET AND DEATH 6 months	
		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. 151x			

19a. DATE OF OPERATION 4-17-56		19b. MAJOR FINDINGS OF OPERATION Carcinomatous, abdominal		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 **4-8-56**, 19___, to **5-15-56** 19___, that I last saw the deceased alive on **5-15-56** 19___, and that death occurred at **5 P** m., from the causes and on the date stated above **4-16-56**

23a. SIGNATURE Alan McAfee (Degree or title) M.D.		23b. ADDRESS 100 N. Euclid		23c. DATE SIGNED 5/16/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-18-56		24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEMETERY	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI.	

DATE REC'D BY LOCAL REG. MAY 16 1956		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons ADDRESS 7233 DELMAR Blvd.	
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(Licensed Embalmer's Statement on Reverse Side)

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 *Clarence H. Murray*

Licensed Embalmer No. *46*

P. O. Address *St. Louis,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.