S. No. 300
Rev. 10-48

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FILED AUG 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25584

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1800

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Manchester
c. LENGTH OF STAY (in this place): 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Manchester Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves 4577
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 932 Newport Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle):
c. (Last): Gudder

4. DATE OF DEATH (Month) July (Day) 25 (Year) 1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: March 15, 1946
9. AGE (In years last birthday): 10 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nil
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and State or Foreign Country): Marshall, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Gudder
13b. MOTHER'S MAIDEN NAME: Janet Fuch
14. NAME OF HUSBAND OR WIFE: ---------- NONE

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.: No
17. INFORMANT'S SIGNATURE OR NAME: Robert Gudder
ADDRESS: 932 Newport Ave., W. G. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYOCARDIAL DILATATION — INTERVAL BETWEEN ONSET AND DEATH: July 25, 1956

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CHRONIC MYOCARDITIS — ?
DUE TO (c) BRAIN INJURY AND HEMORRHAGE — June 25, 1954

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

962X 21

19a. DATE OF OPERATION: June 25, 1954
19b. MAJOR FINDINGS OF OPERATION: CEREBRAL HEMORRHAGE FROM FALL ~~E 903~~
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): AT HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 St. Louis, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 25, 1954 10:30 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: FELL STRIKING HEAD ON CONCRETE CURB.

22. *I hereby certify that I attended the deceased from* APRIL 30, 1956, *to* JULY 25, 1956, *that I last saw the deceased alive on* July 24, 1956, *and that death occurred at* 11:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B. R. Loving (Degree or title) M.D.
23b. ADDRESS: BALLWIN, Mo.
23c. DATE SIGNED: 8-4-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 28, 1956
24c. NAME OF CEMETERY OR CREMATORY: Park Lawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: 7-27-56
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Hoffmeister Colonial Mortuary, 6464 Chippewa St., St. Louis, Mo.

(Licensed Embalmer) (See 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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Rice C. Branson

Licensed Embalmer No 4764

P. O. Address St. Louis, M

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