

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45869**

FILED DEC 30 1957

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11198	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place township) 5-days		c. CITY OR TOWN Clayton		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 (If not in hospital or institution, give street address or location) St. Luke's Hospital				e. STREET ADDRESS (If rural, give location) 7701 County Club Court			
3. NAME OF DECEASED (Type or Print) Thomas		a. (First)		b. (Middle) A.		c. (Last) Gugerty	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1957		5. SEX <input checked="" type="checkbox"/> M. <input type="checkbox"/> F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept. 15, 1874		9. AGE (to years last birthday) 83		IF UNDER 1 YEAR Months 2 Days 6		IF UNDER 2 WKS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bldg. Contractor		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unk. Gugerty		13b. MOTHER'S MAIDEN NAME Unknown Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Marion Gugerty			
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 ADDRESS Mr. Thomas J. Gugerty, 7701 County Club Ct.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis Clayton				INTERVAL BETWEEN ONSET AND DEATH years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) general arteriosclerosis				" 3-4 yrs 3-4 yrs	
		DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peptic ulcer. Coronary insufficiency					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 334x				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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) _____		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 2/4 , 19 55 , to 11/31 , 19 57 , that I last saw the deceased alive on 11/30 , 19 57 , and that death occurred at 9 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert Parier M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 11/22/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 23, 1957		24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cemetery, St. Louis, Missouri		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. NOV 22 1957		REGISTRAR'S SIGNATURE Carl Smith		GENERAL DIRECTOR'S SIGNATURE J. Donnelly		ADDRESS 3840 Lindell Blvd.	

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 4699.....

P. O. Address 3840 Lehigh.....

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.