Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-027010
STATE FILE NUMBER

FILED JUL 24 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7006

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4645 Minnesota — Length of stay in 1b: 0/159

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4645 Minnesota — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Gustave Middle: W. Last: Gubitz

4. DATE OF DEATH: Month July Day 14 Year 1958

5. SEX: Male D

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH: May 17, 1881

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 1 Days 27 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Metalworker

10b. KIND OF BUSINESS OR INDUSTRY: Artistic Metals

11. BIRTHPLACE (City and state or country): Germany 4

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Kristof Gubitz

13b. MOTHER'S MAIDEN NAME: Margaret Morritz

14. NAME OF HUSBAND OR WIFE: Mary Gubitz (Deceased)

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.: 492-10-4151

17. INFORMANT: William Gubitz Address: R.R.1 Nevada, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 8 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis — 4 yr +
DUE TO (c): 422.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-1-52 to 7-14-58 and last saw ~~her~~ him alive on 7-12-58
Death occurred at 5:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. J. Ryan (Degree or title) M.D.

22b. ADDRESS: 2602 S. Grand

22c. DATE SIGNED: 7-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: July 17, 1958

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, County, Missouri

24. FUNERAL DIRECTOR: Schumacher's ADDRESS: 3013 Meramec St.

25. DATE RECD. BY LOCAL REG.: JUL 15 '58

26. REGISTRAR'S SIGNATURE: J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J.J. Ryan
2602 S. Grand
Pr. 2-4300

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 Elmer L. Sadwell

Licensed Embalmer No. 4077

P. O. Address St. Louis

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.