URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-036153

FILED VS SEP 28 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9205 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Length of stay in 1b

c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3632 HYDRAULIC — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LOUIS Middle A Last GUCKES

4. DATE OF DEATH Month SEPT Day 15 Year 1960

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH APR 15 1893

9. AGE (last birthday) 67

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) MISSOURI

12. CITIZEN OF WHAT COUNTRY U-S-A

13a. FATHER'S NAME WILLIAM GUCKES

13b. MOTHER'S MAIDEN NAME HANNAH WARDENBURG

14. NAME OF HUSBAND OR WIFE KATHERINE GUCKES

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. —

17. INFORMANT LOUIS W. GUCKES Address 6229 MARDEL

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) Aplastic anemia — INTERVAL BETWEEN ONSET AND DEATH 3 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 292.4

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 July 21 1960 to Sept. 15-1960 and last saw him alive on Sept-15-1960

Death occurred at 2 55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R A Nuenbaum (Degree or title) MD

22b. ADDRESS 3701 Grandel Sq

22c. DATE SIGNED 9-11-60

BY AFFIDAVIT OF

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

23b. DATE SEPT. 19 1960

23c. NAME OF CEMETERY OR CREMATORY HIRAM CEMETERY

23d. LOCATION (City, town, or county) ST. LOUIS, Co. (State) MO.

24. FUNERAL DIRECTOR Thomas Kutis ADDRESS 2906 Gravois

25. DATE RECD. BY LOCAL REG. SEP 19 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Eleuan Provinee

Signature of Student Embalmer

Licensed Embalmer No. 3403

P. O. Address 2906 Grovo

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