

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017684

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4888**

STATE FILE NUMBER **notified 0577**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>3624 Castleman</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>EDWIN RAYMOND GULATH</b>			4. DATE OF DEATH Month <b>May</b> Day <b>5</b> Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>8/7/1903</b>
9. AGE (last birthday) <b>59</b>		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) <b>Retired Cons Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Taylor Co, Allentown, Pa</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Charles J. Gulath</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Mrs. Marie W. Kourek 1327 Dallwood Dr (26)</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Mesenteric Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>570.2</b>			
DUE TO (c)			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <b>1946</b> to <b>1963</b> and last saw him alive on <b>5/5/63</b> Death occurred at <b>130 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Paul O. Nagelmann MD</b> (Degree or title)		22b. ADDRESS <b>3720 Washington</b>	22c. DATE SIGNED <b>5/6/63</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>May 6, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis County, Mo</b>
24. FUNERAL DIRECTOR <b>Alexander &amp; Sons</b> ADDRESS <b>6175 Delmar Blvd</b>		25. DATE RECD. BY LOCAL REG. <b>MAY 6 1963</b> REGISTRAR'S SIGNATURE <b>Road Smith, M.D.</b>	

DATE AMENDED  
**2/7/63**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
1  
2 **21**  
3  
4 **0**  
5 **3**  
6  
7 **0**  
8 **1**  
9  
10  
11  
12 **81-0**  
13  
**81**

Dr. Paul Hageman  
3720 Washington  
Je 1-6646

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mirrored text from the reverse side of the certificate, including names like 'RAY AND', 'EMMA', 'Charles J. Gifford', and 'Taylor Co. Alliance', along with dates and other details.

**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 J. Allen Davis  
Licensed Embalmer No. 210573

P. O. Address \_\_\_\_\_  
May 5 1963

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.

mirrored text from the reverse side of the certificate, including names like 'ALEXANDER', 'RAY AND', 'EMMA', and 'Taylor Co. Alliance'.