WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 9 1934

MISSOURI [redacted] OF HEALTH
BUREA[redacted]AL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 35205

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 9422

Township ..... Primary Registration District No. 1013 ..... Registered No. .....

City St. Louis (No. 3724, Tennessee Ave St. ..... Ward)

2. FULL NAME Minnie Gutmann

(a) Residence, No. 3724 Tennessee Ave St. Ward 16 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Adolph Gutmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 2-1858

7. AGE: YEARS 75 | MONTHS 0 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

FATHER

13. NAME: Herman Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. J. Zajicek 3724 Tennessee Av

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New St. Marcus DATE: Nov 2 1933

19. UNDERTAKER (ADDRESS): Wacker Helderle 2331 S. Broadway

20. FILED: NOV 7 1933 19 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1933, to Oct 30, 1933

I last saw her alive on Oct 30, 1933. Death is said to have occurred on the date stated above, at 10 30 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset: Oct 25 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify .....

(Signed) A. E. Turek (Turek), M. D.

(Address) 2540 [illegible]