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.

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4550
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis Mo
(d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 1243

2. PRINT FULL NAME Eugene E. Gutgesell
(a) Residence, No. 6111 Westminster St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ruth Gutgesell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 18, 1904
7. AGE: YEARS 34; MONTHS ~~2~~ 3; DAYS ~~17~~ 19; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. St. Louis
9. Industry or business in which work was done, as saw mill, bank, etc. Globe Democrat
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 0

FATHER
13. NAME: William Gutgesell 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis 0

MOTHER
15. MAIDEN NAME: Emma Wade
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

17. INFORMANT (ADDRESS): Charles A. Gutgesell, 4232 Stanford Dallas, Texas
18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers DATE Feb. 9, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wacker-Helderle, 2331 S. Broadway
20. FILED FEB 8 1939, 19 J. F. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-7-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1939, to 2-7, 1939
I last saw him alive on 2-7, 1939. Death is said to have occurred on the date stated above, at 10:15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	?
Brain abscess, caused by a streptococcic viridan with septicemia	?

Other contributory causes of importance:

91a'

Name of operation none Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? no
If so, specify
(Signed) Cyrie M. McBryde, M. D.
(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

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, Frank J. Thyland Sr., or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Frank J. Thyland Sr.

Licensed Embalmer No. 2645

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.