

Registration District No. 784

Primary Registration District No. 200

State File No. \_\_\_\_\_

Registrar's No. 1858

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town RURAL - ST. FERDINAND TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri River near Mill River  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME NORVEL CHARLES GUTERMUTH  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 26 1918  
(Month) (Day) (Year)

8. AGE: Years 22 Months — Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Charles Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Adam Gutermuth

13. Birthplace St. Charles Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Kampmann

15. Birthplace St. Charles Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Mergenthal

(b) Address Hamburg Mo.

17. (a) Burial (b) Date thereof Oct. 3 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cottleville Mo.

18. (a) Signature of funeral director Morris Muschane

(b) Address Hamburg Mo.

19. (a) 10/24/40 (b) R. Meyer MS Dr PH  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. South Main St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30  
year 1940 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Portion - Gargle on which he was a passenger

Due to Supper thrown into Mississippi River

Due to Drowned

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Sept 30, 1940

(c) Where did injury occur? St. Charles Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Mississippi River

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
by means of injury Drowning

23. Signature J. J. Louell (M. D. or other) \_\_\_\_\_

Address St. Charles Mo. Date signed 10/24/40

Duration

9/30/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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.....

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

Signed..... *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland Mo*

**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 this body is not embalmed, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33227  
Registrar's No. 1958

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. .... Primary Registration District No. ....

1. PLACE OF DEATH

(a) County St. Louis  
(b) City or town .....  
(If outside city or town limits, write "RURAL" and name of township)  
Name of hospital or institution:  
Mo. river near Miss. river  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ..... (Specify whether  
In this community .....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....  
(c) City or town ..... (If outside city or town limits write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? ..... years.

3. (a) PRINT FULL NAME Norvel C. Gastermuth

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife ..... 6. (c) Age of husband, or wife, if alive ..... years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
22 hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name (City, town, or county) (State or foreign country)

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (b) Date thereof (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) 10-7-40 (b) (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Sept. 30 - 40 -  
year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw him ..... alive on ..... and that death occurred on the date and hour stated above.

Immediate cause of death Onboard barge  
passenger capsized  
due to throwing him into  
Miss. river.  
Due to 1940

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide (specify) Accid

(b) Date of occurrence 9-30-40

(c) Where did injury occur? St. Louis Canal

(d) Did injury occur on/about (home, on farm, in industrial place, in public place?)  
Miss. River  
While at work? Yes (Specify type of place) (e) Means of injury Drowning

23. Signature (M. D. or other) Address Date signed

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

