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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12160

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 516

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural, St. Ferdinand
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Sanatorium of St Louis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year 1 m. 11 d (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County —

(c) City or town St. Louis
(If outside city or town limits write "RURAL")

(d) Street No. Home for aged & infirm Israelites
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Gutman Joseph

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male ~~white~~

5. Color or race white

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 Unknown (Month) (Day) (Year)

8. AGE: Years about 75 | Months — | Days — | If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Unknown Russia
15. Birthplace (City, town, or county) — (State or foreign country)

16. (a) Informant Jewish Sanatorium
(b) Address St Ferdinand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/41 (Month) (Day) (Year)
(c) Place: burial or cremation Chevrah Kadisha

18. (a) Signature of funeral director Oxenhandler E. P.
(b) Address 4469 Washington

19. (a) MAR 7 1941 (Date received local registrar) (b) R. Meyer M.D. Dr. PH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1941 hour 2 minute a. M.

21. I hereby certify that I attended the deceased from January 26, 1941, to March 7, 1941 that I last saw him alive on ~~January~~ 7, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio-sclerotic heart-disease	
Due to General arterio-sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Selig Simon (M. D. or other) M
Address Jewish Sanat. Robertson, Mo Date signed

N.J.

(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, or by.....

....., Registered Apprentice No.....

working under my personal supervision. Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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