

S. No. 2
M-1-4-41
v. 5-17-39
I X26990

16205

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 10 1942 291

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4661

1. PLACE OF DEATH:
(a) County
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community. 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County
(c) City or town. University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7365 Pershing
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leon Guttman
3. (b) If veteran. name war. No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28/
year 1942 hour 2 minute A M.

4. Sex male 0 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife. Ethel Caper Guttman
6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased. December 25 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 28 1942 to May 28 1942
that I last saw him alive on May 27 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
53 5 3 hr. min.

Immediate cause of death
Acute lymphatic leukemia
Due to

9. Birthplace Galicia Austria Germany 4
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation Wholesale Merchant

Other conditions (Include pregnancy within 3 months of death)
.....

11. Industry or business Fire-works

Major findings:
Of operations
Of autopsy

MOTHER FATHER { 12. Name Daniel Guttman

13. Birthplace Galicia Austria Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Schweig

15. Birthplace Galicia Austria Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Guttman

(b) Address 7365 Pershing

17. (a) burial (b) Date thereof 5/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B NAI AMOONA

18. (a) Signature of funeral director Berger Memorial

(b) Address 4705 McPherson

19. (a) MAY 29 1942 (Date received local registrar)
J. F. Bredack (Registrar's signature)

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?

While at work? (Specify type of place)
(e) Means of injury
23. Signature Apfelbaum (M. D. or other) MD
Address 634 IVth Street Date signed 5/28/42

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

(Licensed Embalmer's Statement on Reverse Side)

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

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17
4

1P

01-9-73

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.....
.....
Licensed Embalmer No. 1597
P. O. Address.....

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.