

Registration District No. 784 Primary Registration District No. 112 Registrar's No. 1650

96
14
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rock Hill
(c) Name of hospital or institution:
9238 Manchester Road /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community. 49 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Rock Hill 14
(d) Street No. 9238 Manchester 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sophie Gutman
(b) If veteran, name war No
(c) Social Security No No

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Herman Gutman
6. (c) Age of husband or wife if alive 14 1873
7. Birth date of deceased April 14 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 18
If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER {
12. Name Nathan Gutman
13. Birthplace Germany
14. Maiden name Louise Gerstel
15. Birthplace Germany

16. (a) Informant Miss. Lena Gutman
(b) Address 9238 Manchester Rd.

17. (a) burial (b) Date thereof 8/4/42
(c) Place: burial or cremation New Mt. Sinai

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) AUG 3-1942 (b) C. Y. McPherson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 2nd
year 1942 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from 4-12-42
1942 to 8-2 1942
that I last saw her alive on 8-2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Hypertensive Heart Disease
Other conditions 93 d
(Include pregnancy within 3 months of death)

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

23. Signature 24. J. O'Malley M. D. or other
Address 671 E. Big Bend Date signed 8-3-42

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. 4715 McPherson

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.