

Registration District No. _____ Primary Registration District No. **1003**

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: **18th & Chestnut Sts (Princess/Hotel)**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **1 day** In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME **William E. Gutch**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Julia Gutch** 6. (c) Age of husband or wife if alive **19** years

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

8. AGE: Years Months Days If less than one day
About 21 -- -- .hr. min.

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

10. Usual occupation **Soldier**

11. Industry or business **U. S. Army**

MOTHER FATHER
12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joe Handner**
(b) Address **250 Lebanon Ave., Belleville**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **4/24/43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Belleville, Ill.**

18. (a) Signature of funeral director **Joe Handner**
(b) Address **Belleville, Illinois**

19. (a) **APR 26 1943** (b) **J. P. Bredack**
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **St. Clair**
(c) City or town **Scott Field**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23rd**
year **1943** hour **5:01** minute **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.

Duration
Immediate cause of death **Hemorrhage due to gunshot wound in right temple; self inflicted in his room at the Princess Hotel, on April 23, 1943, exact time unknown;**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **164 C**

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) **Suicide**
(b) Date of occurrence **April 23, 1943**
(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Thomas F. Callinan** (M. D. or other)
Address **Deputy Coroner** Date signed **4-26-43**

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

OCT 23 1944

MAY 8 1944

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. **Body not embalmed.**

Geo. Muldner
Signed

.....
Licensed Embalmer No.

.....
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.