

7. S. No. 2-
DOM-5-43
ev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14363**

FILED APR 29 1946

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **915**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Gardenvill**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4946 Seibert Ave
(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 **Missouri** (b) County **St. Louis**
 (c) City or town **Garden Vill**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4946 Seibert**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Dorothy V. Gutjahr**
3. (b) If veteran, name war _____ **3. (c) Social Security** No _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **4th** day **23rd**
 year **1946** hour **6 P.M.** minute _____ M.
21. I hereby certify that I attended the deceased from **Mar 17,**
 19**46**, to **April 22**, 19**46**
 that I last saw her alive on **April 22**, 19**46**;
 and that death occurred on the date and hour stated above.

4. Sex **Female** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Wm. Gutjahr** **6. (c) Age of husband or wife if alive** **53** year/
7. Birth date of deceased **Feb. 1st** **1896**
(Month) (Day) (Year)

Immediate cause of death **Coronary thrombosis**
 Due to **Coronary sclerosis** **1 month**
 Due to **940**
 Other conditions **(Include pregnancy within 3 months of death)**
 Major findings:
 Of operations _____
 Of autopsy _____

8. AGE: Years **50** Months **3** Days **23** hr. _____ min. _____
If less than one day

9. Birthplace **St. Louis Mo** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Conrad Thierath**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Josephine Waidel**
15. Birthplace **St. Louis Mo** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. Gutjahr**

(b) Address **4946 Seibert**

17. (a) Burial **(b) Date thereof** **4-25-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New S. S. Peter & Paul**

18. (a) Signature of funeral director **Wingbermuehle Funeral Home**
(b) Address **3819 S. Grand Blvd.**

19. (a) 4-25-46 **(b) E. M. Darrand**
(Date received local registrar) (Registrar's signature)

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?
Cem.
(Specify type of place)
 While at work? _____ (e) Means of injury _____
23. Signature **M. R. Wiluchi** **(M. D. or other)** **MD**
Address **8301 2nd Traver** **Date signed** **July 22,**
1946

96
 13263
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 7 1961

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 Elmo R. Sardwell
Licensed Embalmer No. 4077
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.