

FILED DEC 23 1946

State File No.

10756

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 hrs. (Specify whether
In this community (Gucker Heim)
years, months or days)

3. (a) PRINT FULL NAME Adrian J. Gucker Heim
3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thyra 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased June 13 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 6 1 hr. min.

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

10. Usual occupation Medical Detailist

11. Industry or business Pitman Morse Co.

12. Name Abraham Guckenheim

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Schmitt

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Thyra Guckenheim

(b) Address 6821 Plateau Ave.

17. (a) Burial (b) Date thereof 12 17 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshausner Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 16 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6821 Plateau Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 46 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Dec. 13
1946, to Dec 14, 1946.
that I last saw him alive on Dec. 14, 1946:
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor, floor of third ventricle, type to be determined
Duration 1 1/2 yrs

Due to undetermined

Due to JK

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

Major findings: Brain tumor
Of operations Malignant
Of autopsy Brain tumor

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?
While at work? 0 (Specify type of place) (e) Means of injury _____

23. Signature J. F. Bredeck (M. D. Registrar)
Address Barnes Hospital Date signed 12-14

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 Richard W. Stover
Licensed Embalmer No. 4007
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, fact should be so stated above.