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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22275
Registrar's No. 5815

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether life)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3553 So. Jefferson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gilbert A. Gutmann

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-03-4609

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 27 1902
(Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Chim Adjuster

11. Industry or business Furniture

12. Name John Gutmann

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

14. Maiden name Emma Young

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

16. (a) Informant John Gutmann

(b) Address 3553 So. Jefferson

17. (a) Burial (b) Date thereof 6-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) JUN 13 1947 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1947 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 3 1947 to June 10 1947
that I last saw him alive on June 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Sub acute Bacterial endocarditis
Due to Strep viridans

Due to _____

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

Major findings fatal embolus
Of operations _____

Of autopsy _____

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) _____ (b) Means of injury _____

23. Signature Walter H. Dyer (M. D. or other) _____

Address 3108 S. Grand Date signed 6/12/47

Duration

5/19/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

AUG 29 1947

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.....

Francis J. Owens

Licensed Embalmer No. *2245*

P. O. Address *St. Louis, Mo.*

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.