

FILED OCT 1 1948
Registration District No. **318**

Primary Registration District No. _____

1003

Registrar's No. **8293**

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:
St. Luke's Hospital **0**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Batiste Gury, Sr.

3. (b) If veteran, name war No. 3. (c) Social Security No. _____

4. Sex Male **0** 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Julie L'Ecuver Feb. 20, 1888
 6. (c) Age of husband or wife if alive 85 years
 7. Birth date of deceased June 24, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 2 26 _____ hr. _____ min.

9. Birthplace Lucerne, Switzerland **5**
(City, town, or county) (State or foreign country)

10. Usual occupation Pres. J. B. Gury Mfg. Co.

11. Industry or business Cloth Cutting Machinery

MOTHER FATHER { 12. Name John Batiste Gury
 { 13. Birthplace Normandy, France **5**
(City, town, or county) (State or foreign country)
 { 14. Maiden name Antoinette Rheg
 { 15. Birthplace Wurtenberg, Germany **4**
(City, town, or county) (State or foreign country)

16. (a) Informant John B. Gury, Jr.
 (b) Address 1229 Arch Terrace
 17. (a) Entombment (b) Date thereof 9/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Robert J. Ambruster, Inc.
 (b) Address Cleyton Rd. at Concordia Lane
SEP 22 1948
 19. (a) _____ (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. #1 Arundel Place
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
 year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 30, 1948 to Sept. 20, 1948
 that I last saw him alive on September 20, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary thrombosis **5 min**

Due to Pneumonia **4, 40**

Due to _____ **9/4**

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

Major findings:
 Of operations _____
 Of autopsy Confirmed diagnosis

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? _____ (Specify type of place)
 (c) Means of injury 0
 Signature William B. Bay (M. D. EX-100)
 Address 3720 Washington Blvd. Date signed 9/21/48

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

OCT 28 1971

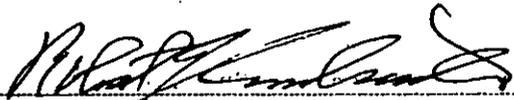
STATEMENT BY LICENSED EMBALMER

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.....

1994

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.