

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6429  
1141

State File No. ....  
Registrar's No. ....

FILED FEB 27 1952

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. ....		Registrar's No. ....																			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY																							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2159</b>																					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2919 Meramec</b>				d. STREET ADDRESS (If rural, give location) <b>2919 Meramec</b>																							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>			b. (Middle)			c. (Last) <b>GUTMANN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 5 1952</b>																		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Oct 17 1861</b>		9. AGE (In years last birthday) <b>90</b>		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 1 MIN. Hours		IF UNDER 1 MIN. Min.											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo</b>				12. CITIZEN OF WHAT COUNTRY?															
13a. FATHER'S NAME <b>Jacob Buscher</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Unknown</b>				14. NAME OF HUSBAND OR WIFE <b>John J Gutmann</b>																			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>				16. SOCIAL SECURITY NO. <b>none</b>				17. INFORMANT'S SIGNATURE OR NAME <b>John B Gutmann</b>				ADDRESS <b>4145 Holly Hills</b>															
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>												II. OTHER SIGNIFICANT CONDITIONS: <b>Arteriosclerosis</b>												<b>5 yrs</b>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.												ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____												<b>10 yrs</b>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>															
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)																			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <b>4221</b>																			
22. I hereby certify that I attended the deceased from <b>June 15, 1947</b> to <b>Feb 5, 1952</b> that I last saw the deceased alive on <b>Aug 10, 1951</b> , and that death occurred at <b>9:00 A.M.</b> , from the causes and on the date stated above.																											
23a. SIGNATURE <b>O.D. Meyer, M.D.</b>								23b. ADDRESS <b>6029 So. Kingshighway</b>				23c. DATE SIGNED <b>Feb 5, 52</b>															
24a. BURIAL, CREMATION, REMOVAL (Specify)				24b. DATE <b>Feb 8 1952</b>				24c. NAME OF CEMETERY OR CREMATORY <b>SSRsurrection Cem.</b>				24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>															
DATE REC'D BY LOCAL REG. <b>FEB 5 1952</b>				REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>E.J. Schnur</b>				ADDRESS <b>3125 Lafayette</b>															

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

Dr. Oscar Meyer  
6029 So. Kingshighway  
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Joseph B. Hollmer*

Licensed Embalmer No. *4014*

P. O. Address

*3195 Lafayette*

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.