

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

81850

FILED JUN 27 1956

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5591**

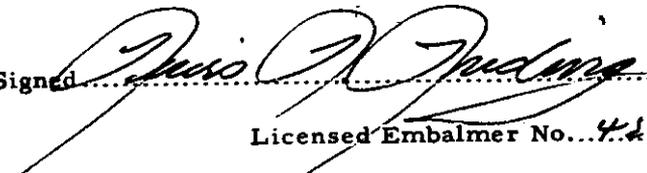
| | | | |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (In this place) 3 days | c. CITY OR TOWN Webster Groves d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital | | e. STREET ADDRESS (If rural, give location) 658 E. Big Bend Road | |
| 3. NAME OF DECEASED (Type or Print) a. (First) SAM b. (Middle) c. (Last) GUTMAN | | 4. DATE OF DEATH June 11, 1956 (Month) (Day) (Year) | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH May 20, 1880 9. AGE (In years last birthday) 76 If UNDER 1 YEAR: Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Novelties | |
| 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Louis Gutman | | 13b. MOTHER'S MAIDEN NAME Lena Froelish | |
| 14. NAME OF HUSBAND OR WIFE ----- | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Morris Gutman 3184 Ivanhoe Avenue | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction (2) INTERVAL BETWEEN ONSET AND DEATH 2-3 days ANTECEDENT CAUSES DUE TO (b) Coronary arteriosclerosis DUE TO (c) Diabetes mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cystitis 260x many yrs. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 42 pt | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 8 June, 1956 , to 11 June, 1956 , that I last saw the deceased alive on 10 June, 1956 , and that death occurred at 8:30 A. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>[Signature]</i> | | 23b. ADDRESS 3720 Washington | |
| 23c. DATE SIGNED 11 June 56 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) | |
| 24b. DATE 6/13/1956 | | 24c. NAME OF CEMETERY OR CREMATORY New Mt. Sinai Cem | |
| 24d. LOCATION (City, town, or county) (State) Afton, Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson Ave. | |
| DATE REC'D BY LOCAL REG. JUN 12 1956 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> S.P. (Licensed Embalmer's Statement on Reverse Side) | |

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

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.....
Signature of Student Embalmer

Signed ,
Licensed Embalmer No. 4229
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.