

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

FILED DEC 10 1957

42036  
STATE FILE NUMBER  
11415

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 11415

S. 300  
ev. 1-57

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, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>04 BARNES HOSPITAL</b>		Length of stay in 1b <b>2- days</b>	d. STREET ADDRESS <b>627 7035 Mitchell Ave.</b>
3. NAME OF DECEASED (Type or print) First <b>EDWARD</b> Middle <b>ENGLEBERG</b> Last <b>GUTZMAN</b>		4. DATE OF DEATH Month <b>NOVEMBER</b> Day <b>25</b> Year <b>1957</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-20-1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Warehouseman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Air Conditioning</b>	9. AGE (In years last birthday) <b>53</b>
11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Samuel Gutzman</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown Book</b>	14. NAME OF HUSBAND OR WIFE <b>Dorothy Roemer Gutzman</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT <b>Dorothy Gutzman,</b> Address <b>above</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRONCHOGENIC CARCINOMA WITH CEREBRAL METASTASIS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 YEAR</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>162x</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.) <b>at 3:30 PM</b>	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from <b>NOV. 24, 1957</b> to <b>NOV. 25, 1957</b> and last saw her alive on <b>NOV. 25, 1957</b> Death occurred at <b>9:35 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>G. P. Vermillion, M.D.</b> (Degree or title)		22b. ADDRESS <b>BARNES HOSP.</b>	22c. DATE SIGNED <b>11/26/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-29-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>JAY B. SMITH, Maplewood, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 29 57</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith MO</b> <b>mbs</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

**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 *J. P. Burgess* .....

Licensed Embalmer No. *4029* .....

P. O. Address *Maplewood* .....

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.