MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38569

File No. 11242
Registered No.

1. PLACE OF DEATH

County
Registration District No. 791
Township St. Louis
Primary Registration District No. 1003
City St. Louis, Mo. (No. 3225 Ohio Ave. St. Ward)

2. FULL NAME Marie Gutzler

(a) Residence. No. 3225 Ohio Ave. St., 28 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20-1864.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
63	6	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT John Gutzler
(Address) 3225 Ohio Ave.

15. FILED DEC 16 1927, 19 Mary C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 14 - 1927.

17. I HEREBY CERTIFY, That I attended deceased from Nov 7th, 1927, to Dec 14th, 1927, that I last saw h. alive on Dec 14, 1927, and that death occurred, on the date stated above, at 10:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
250
780 57
(duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gangrene right foot
(duration) yrs. 1 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. A. Gebhardt, M. D.
12/15, 1927. (Address) 3436 Chippewa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunset Burial Pk. DATE OF BURIAL Dec. 18 1927.

20. UNDERTAKER Ziegenheim Bros. ADDRESS 2623 Cherokee

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.