

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

Do not use this space.

6391

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. 791  
Primary Registration District No. 1003  
(No. 4344 Forest Park)

File No.....  
Registered No. 1290  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4344 Forest Park 19 Ward.  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma M. Gutmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 21 - 1860

7. AGE YEARS MONTHS DAYS If LESS than I day, \_\_\_\_ hrs. or \_\_\_\_ min.  
67      5      12

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

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

10. NAME OF FATHER Zadis Gutmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Emma M. Gutmann  
(Address) 4344 Forest Park

15. FILED FEB - 4 1928  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1928

17. I HEREBY CERTIFY, That I attended deceased from July, 1926, to 2-8, 1928, that I last saw him alive on 2-2, 1928, and that death occurred, on the date stated above, at 6:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocarditis Chronica

CONTRIBUTORY (SECONDARY) renal (duration) yrs. mos. da.  
Chronic nephritis (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1290  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual diagnosis  
(Signed) Archie A. Beck, M. D.  
, 19 (Address) Marina 12th

\*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 Rockford Illinois DATE OF BURIAL Feb 5 1928

20. UNDERTAKER Ch. Lupton ADDRESS 4409 Ohio

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.

Welded

Maria Pitt-

Grand 7 Lindell

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