

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

Do not use this space.

15741-5472

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... (No. Christian Hosp.)

File No.
Registered No. 4706
St. Ward

2. FULL NAME Raymond J. Gutzmacher

(a) Residence. No. 14727 Roswell St., 7 Ward.

(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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-28-1905

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>22</u>	<u>9</u>	<u>1</u>	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Gutzmacher

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

12. MAIDEN NAME OF MOTHER Catherine Meuberg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Alvin Schurer
(Address) 4727 Roswell Ave

15. FILED APR 30 1928 Ray C. Stokely REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-29-1928

17. I HEREBY CERTIFY That I attended deceased from 4/17/28 to 4/29/28 that I last saw him alive on 4/28/28 and that death occurred, on the date stated above, at 8.30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Empyema Operation for Empyema
non Tubercular (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Pleurisy due to Ra
grippe not influenza (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH... DID AN OPERATION PRECEDE DEATH... DATE OF 4/28/28
WAS THERE AN AUTOPSY... Yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical Symptoms
Chas. Mueller M. D.
(Address) 3903 Lee St

*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 Calvary Cemetery DATE OF BURIAL 5/2 1928

20. UNDERTAKER H.A. Stock and Co. ADDRESS 2117 E. Grand

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.

