

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

Do not use this space.  
21055  
~~31164~~  
File No. \_\_\_\_\_  
Registered No. **5892.**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **1003**  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City **St. Louis** (No. **4268 - Humphrey**)

**2. FULL NAME**

**Emma Gutgesell**  
(a) Residence. No. **4268 - Humphrey** St., **16** 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>William Gutgesell</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>July 16 - 1867</b>		
7. AGE	YEARS <b>62</b>	MONTHS <b>11</b>
	DAYS <b>1</b>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... <b>Housework</b> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

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

PARENTS	10. NAME OF FATHER <b>Richard Wade</b>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <b>England</b> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <b>Unknown</b>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <b>England</b> (STATE OR COUNTRY)

14. INFORMANT **Wm Gutgesell**  
(Address) **4268 - Humphrey St**

15. FILED **18 1930** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**2**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 17 1930**

17. ~~No physician on the case~~  
I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at **8:00 A. M.**

164c THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**8. Physicistion due to fuel gas poisoning (self administered) while suffering temporary mental aberration (duration) yrs. mos. ds.**

CONTRIBUTORY (SECONDARY) **Suicide**  
(duration) \_\_\_\_\_ yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? **no.**

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) **John Humphrey M. D.**  
**6/18 1930** (Address) **Police Coroner**

\*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 **New Picker** DATE OF BURIAL **June 19 1930**

20. UNDERTAKER **Wacker-Helderle** ADDRESS **233 1/2 Belmont**

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.

