

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

Do not use this space.

229

**1. PLACE OF DEATH**

96 County Louis Registration District No. 1123  
 Township Carroll Primary Registration District No. 648 E File No. 33508  
 City Carroll (No. 229) (No. 1123) Registered No. 344 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Theresa Gutbrock (Outflish)  
 (a) Residence No. 229 Yeehl St. \_\_\_\_\_ 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Gutfluschi  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22 1876  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
57 7 27

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) 235  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY) 2

PARENTS  
 10. NAME OF FATHER Charles Yrier  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Switzerland (STATE OR COUNTRY) 26  
 12. MAIDEN NAME OF MOTHER Not Known  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known (STATE OR COUNTRY) 31

14. INFORMANT Henry Gutfluschi (Address) 229 Yeehl

15. FILED Oct 22 1932 L.C. Brock REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19 1932  
 17. I HEREBY CERTIFY, That I attended deceased from Oct 5 1932 to Oct 14 1932  
 that I last saw her alive on Oct 14, 1932, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

Enterocolitis  
1760 (duration) yrs. mos. 10 ds.  
 CONTRIBUTORY (SECONDARY) 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) B. H. Tate, M. D.  
 , 19 (Address) 9439 Edgar ave

\*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 St. Olive Cemetery DATE OF BURIAL Oct 22 1932

20. UNDERTAKER Fendly Huel Co ADDRESS 7884 Mich Ave

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.

WRITE PLAINLY, WITH UNDERSTANDING OF THIS IS A PERMANENT RECORD

NOV 28 1932

MAY 26 1947