

APR 29 1935

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

Do not use this space.

14311

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 6149 Elizabeth Ave)

File No.....
Registered No. 3128
St. Ward)

2. FULL NAME

Fred O. Guther
(a) Residence, No. 6149 Elizabeth, St. NPC Ward. St. Louis C. Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-13-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 6 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory Milliner

10. Date deceased last worked at this occupation (month and year) 1-15-1925 11. Total time (years) spent in this occupation.....

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

13. NAME William Guther

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

15. MAIDEN NAME Minnie Guder

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

17. INFORMANT (ADDRESS) Ann Edwards
3142 Sutter Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathay DATE 4-6 1935

19. UNDERTAKER (ADDRESS) Alexander Horn
6175 Elizabeth Blvd

20. FILED? 5 1935 19 J. J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/7, 1935, to 4/3, 1935

I last saw him alive on 4/2, 1935. Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

Concussion of Cerebrum Date of onset 5

Other contributory causes of importance: 46

Name of operation Cerebrum Date of 2/18/35

What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) R. W. Albertson M. D.

(Address) University Club Bldg

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
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.

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