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

SEP 15 1936

Do not use this space.

32458

File No. 8284

Registered No.

791

1003

1. PLACE OF DEATH

County

Registration District No.

Primary Registration District No.

Township

City St. Louis (No. 7804 S. Broadway St. Ward)

2. FULL NAME Adolph Gutgesell

(a) Residence, No. 7804 S. Broadway 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: 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: Eugenia

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 5, 1856

7. AGE: Years 79 | Months 10 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME: Clemons Gutgesell

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

MOTHER

15. MAIDEN NAME: Philopine Rist

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

17. INFORMANT (ADDRESS): Mrs. Eugenia Gutgesell 7804 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope Cem. DATE Aug. 11, 1936

19. UNDERTAKER (ADDRESS): C. Hoffmeister U.&L.Co. 7814 S. Broadway

20. FILED AUG 10 1936 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:45 A.M. 6.45

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

	Date of onset
Fractured Skull received in fall from tree	

Other contributory causes of importance:

Name of operation ..... Date of .....

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Unk. 36

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Weber Road, abt. 200 ft. west of Waddell Ave. Fall

Manner of injury .....

Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank P. Farley, M.D.

(Address) Coroner

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.

Coroner's office