630

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37518

Registration District No. DEC 13 1939 791 1008

Primary Registration District No.

Registrar's No. 9357

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St John Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis. N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 261 East Big Bend Kirkwood
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME BERNARD GUDE 3 (m)

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Gude

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept 24 1882 (Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 6 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Hardware 0

11. Industry or business Prop. Hardware Store 6

FATHER
12. Name Herman Gude
13. Birthplace Germany (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Christine Vorst
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marie Gude
(b) Address 261 East Big Bend Kirkwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3/39 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Thos Kutis
(b) Address 2906 Gravois Ave.

19. (a) NOV 1 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 30 day
year 1939 hour 9 30 P M minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture body 1st Lumbar Vertebra Extradural hemorrhage

Due to Spinal Canal

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Oct 29 1939
(c) Where did injury occur? St Louis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? NO (e) Means of injury fall

23. Signature Alfred J Perry (M. D. or other)
Address Deputy Coroner Date signed 11-1-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

Rev. 5-17-39 1 X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by THOS.KUTIS., Registered Apprentice No. _____, working under my personal supervision.

Signed Thos Kutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.