

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Hospital, #1/  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 Mos. 14 Days  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Emil Gutle  
 (b) If veteran, name war No  
 (c) Social Security No. None

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife Minnie Gutle  
 6. (c) Age of husband or wife if alive 45 years  
 7. Birth date of deceased Nov. 26 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 3 26 hr. \_\_\_\_\_ min.

9. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name John Gutle  
 13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Minnie Gutle  
 (b) Address 6444 Marmaduke Ave.

17. (a) Burial (b) Date thereof Mar. 23, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery  
 18. (a) Signature of funeral director Chas. S. Stewart  
 (b) Address 1225 Union Blvd.

19. (a) MAR 21 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 610 1/2 Adeline Ave  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21,  
 year 1940 hour 8:30 minute A. M.  
 21. I hereby certify that I attended the deceased from November 7, 1940 to March 21, 1940;  
 that I last saw him im alive on March 21, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Probable carcinoma of prostate  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: None  
 Of operations \_\_\_\_\_  
 Of autopsy None  
 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) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
 23. Signature A. Lawrence (M. D. or other) \_\_\_\_\_  
 Address 1515 Lafayette, Date 3/21/40

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

1939-3-17-39 I 193911

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.

---

---

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Albert G. Harper*

Licensed Embalmer No. *2971*

P. O. Address.....

**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.**