

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

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH

(a) County St Louis
 (b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 39 days
(Specify whether years, months or days)
 In this community 51 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 000
 (c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 4712 a Ray 9
(If rural, give location)
 (e) Citizen of foreign country? / (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HENRY J GUTZLER

3. (b) If veteran, name war _____
 3. (c) Social Security No. 492-09-7096

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive years
Marie Hutzler nee Kahen 7. Birth date of deceased March 9 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>6</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Baker

11. Industry or business Calmeal Baking Co

12. Name John Hutzler

13. Birthplace H Germany
(City, town, or county) (State or foreign country)

14. Maiden name Ben Kuyoun

15. Birthplace H Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Record

(b) Address Robert Koch Hospital

17. (a) _____ (b) Date thereon 10-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St marcus

18. (a) Signature of funeral director Tr. Schumacher

(b) Address 3913 Ypsauce

19. (a) OCT 6 - 1941 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
 year 1941 hour 3 minute 23 A.M.
 21. I hereby certify that I attended the deceased from Aug 26 1941 to Oct 4 1941
 that I last saw him alive on Oct 4 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulm Tuberculosis 20
Years +

Due to _____
 Due to _____
 Other conditions 1361
(Include pregnancy within 9 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 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? 0

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Frank Cohen (M. D. or other) MD
 Address Robert Koch Hosp Date signed Oct 4/41

OCT 7 1947

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.....

George Dehaubert

Registered Apprentice No.....

working under my personal supervision.

Signed

George Dehaubert

Licensed Embalmer No. *2906*

P. O. Address *3013 Myrtle*

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, fact should be so stated above.

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