

S. No. 2
1-9-44
5-17-39
PI X22484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31998

State File No.

Registrar's No. **9148**

FILED NOV 17 1942 **318**
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis**

(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Mo. **000**

(a) State..... (b) County..... **17**

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

(d) Street No. **8625 S. Broadway**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country..... **0**

3. (a) PRINT FULL NAME **Joseph J. Gutleber**

(b) If veteran, name war..... **World War #1**

(c) Social Security No. **496-20-9072**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **30**
year **1942** hour **10** minutes **15** p. M.

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Teresa Gutleber**

6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **November 3 1891**
(Month) (Day) (Year)

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

8. AGE: Years **50** Months **11** Days **27** If less than one day
hr. min.

Immediate cause of death **Subarachnoid hemorrhage of brain, essential hemorrhage of compound fracture of legs, when he was struck by an automobile driven by one Carl [unclear] of the intersection of S. Broadway and [unclear] Street Nov. 5 PM, Oct. 27, 1942**

Other conditions: **None**
(Include pregnancy within 3 months of death)

9. Birthplace **Slatina Roumania**
(City, town, or county) (State or foreign country)

10. Usual occupation **Barber**

11. Industry or business **Self**

12. Name **Joseph John Gutleber**

13. Birthplace **Roumania 6**
(City, town, or county) (State or foreign country)

14. Maiden name **Julianna Fowler**

15. Birthplace **Roumania 6**
(City, town, or county) (State or foreign country)

16. (a) Informant **Teresa Gutleber**

(b) Address **8625 S. Broadway**

17. (a) **Burial** (b) Date thereof **Nov. 3, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **H. Hofmeister U. & L.**

(b) Address **7814 S. Broadway**

19. (a) **NOV 2 1942** (b) **J. F. Beck**
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **Oct. 27, 1942**

(c) Where did injury occur? **St. Louis 000**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

23. Signature **Dr. Alfred Perry** (M. D. or other)
Address **Deputy Coroner** Date signed **11-2-42**

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

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.....

Harry J. Schumacher

Licensed Embalmer No.....

2679

P. O. Address.....

732 Tomay Ferry Rd

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.