

Filled NOV 6 1942

State File No.

Registration District No.

Primary Registration District No. 200

Registrar's No. 2054

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution
Rural Route #1-Box 162 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

In this community 13 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 997

(c) City or town Chicago (If outside city or town limits, write "RURAL") 11

(d) Street No. 5200 Blackstone (If rural, give location) 6

(e) Citizen of foreign country? (Yes or No) 2
If yes, name country.

3. (a) PRINT FULL NAME Howard D. Gutner

(b) If veteran, name war

(c) Social Security No. UNAVAILABLE

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 23 1907
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>4</u>	<u>11</u>hr.min.

9. Birthplace Chicago Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Stocks & Bonds

MOTHER FATHER

12. Name Robert Gutner

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

14. Maiden name Ida Yutkin

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

16. (a) Informant Eddie Gutner

(b) Address 5200 Blackstone-Chicago, Ill.

17. (a) Removal (b) Date thereof 10-6-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director Herman Rindkopf

(b) Address 5216 Delmar Blvd.

19. (a) OCT - 4 1942 (b) C. L. McJannet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4th year 1942 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from September 23rd, 1942, to Oct. 4th, 1942, that I last saw him alive on Oct. 3rd, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis and Pericarditis

Due to.....

Due to..... 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 H. D. Coffman (M. D. or other) 1
Address Waverly Mo. Date signed Oct 4 1942

Duration 1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

96
0
0

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 *Chas. W. Cooper*.....

Licensed Embalmer No. *3830*.....

P. O. Address *5216 Delmar*.....

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.