

FILED DEC 22 1943

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....

(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'S HOSPITAL *0*
(If not in hospital or institution, write street number or location)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **000**
1719

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

(d) Street No. **3730 LINDELL BLVD.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **GERTRUDE E. GUHMAN**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **FEMALE** 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 **NOV. 2, 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 **1** **14** hr. min.

9. Birthplace **ST. LOUIS MO. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED S.W. BELL TELEPHONE CO.**

11. Industry or business.....

12. Name **JOHN W. GUHMAN**

13. Birthplace **GERMANY 4**
(City, town, or county) (State or foreign country)

14. Maiden name **ANNIE WALTER**

15. Birthplace **ST. LOUIS MO. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **WALTER GUHMAN**

(b) Address **7205 N. BRISTOL NORMANDY**

17. (a) **BURIAL** (b) Date thereof **12-9-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **DEC 8 1943** **J. F. [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **5,** year **1943** hour **4** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 1, 1943** to **December 5, 1943**
that I last saw her alive on **December 4, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis and 1 year**
sublethal obstructive **3 days**

Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy **same as above -**

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?.....

(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **Charles W. Guhman** (M.D. or other).....
Address **5183 Cabanne ave** Date signed **12/7/43**

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

MOTHER FATHER

Dr. Goodwin
518368
1-29

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 *Stanley Marshall*
Licensed Embalmer No. *2868*
P. O. Address *3840 Linnell*

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.