

FILED FEB 11 1948
Registration District No. _____

Primary Registration District No. _____

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

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. Anthony Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether)

In this community _____
years, months or days

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. 4255 So. Compton Ave.,
(If rural, give location)

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

3. (a) PRINT FULL NAME Cecilia Gutgsell,

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 Widowed,

6. (b) Name of husband or wife Gustav, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 14 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home,

11. Industry or business _____

MOTHER FATHER

12. Name Dont Know,

13. Birthplace Dont Know, 9
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know,

15. Birthplace Dont Know, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Adolph T. Gutgsell,

(b) Address 4255 So. Compton Ave.,

17. (a) Burial, (b) Date thereof 2/5/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director William Benz Montary

(b) Address 2842 Meramec St.

19. (a) FEB 7 1948 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3
year 1944 hour 8: minute 07 A.M.

21. I hereby certify that I attended the deceased from Feb 1 to Feb 2 1944
that I last saw her alive on Feb 1 1944
and that death occurred on the date and hour stated above

Immediate cause of death Intestinal obstruction Duration _____
Myocarditis, Chronic

Due to Regurgitated
Herpetic

Due to _____

Other conditions None
(Includes pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy Intestinal Obstruction

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 _____

3. Signature Nashmiller (M. D. or other) _____
Address 3318 So. Grand Date signed 2-7-44

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 me

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

Signed Joe S. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, Mo.

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.