

FILED APR 13 1945

State File No. _____
Registrar's No. 2714

Registration District No. 318

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:
City Hospital No. 1
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County _____

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

(d) Street No. 4606 Easton Avenue.
(If rural, give location)

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

3. (a) PRINT FULL NAME Adolph H. Gutherz.

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-12-8073

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd.
year 1945 hour 7 minute 45 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Clara Gutherz.

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January 11, 1874.
(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 74 Months 2 Days 12
If less than one day hr. _____ min. _____

Immediate cause of death Myocardial Infarction
Fracture of back of right femur
when he slipped and fell on the ice
on the east cross walk of Morgan
Ave. on Feb. 26, 1945 about 3:40 P.M.

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

10. Usual occupation Carpenter.

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

11. Industry or business _____

12. Name Adolph Gutherz

13. Birthplace Dont Know (State or foreign country) 9

14. Maiden name Dont Know (State or foreign country) 9

15. Birthplace Dont Know (State or foreign country) 9

Major findings: _____

Of operations 186

Of autopsy 27

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Clara Gutherz.

(b) Address 4606 Easton Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 28 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) AP 26 1945 (b) J. F. Bredbeck
(Date) (Registrar's signature)

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

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

(b) Date of occurrence Feb 26 1945

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public street
(Specify type of place)

While at work _____ (e) Means of injury fall

23. Signature Arthur E. Taylor (M. D. or other) _____
Address St. Louis Date signed 3/24/45

Thos. H. Callanan, Coroner.

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.....

Ben E. Hoffman

Licensed Embalmer No.

4366

P. O. Address.....

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.