

No. 2
-12-45
5-17-39
I X47070

FILED FEB 24 1947
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1374**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
4428 Chouteau Ave.
(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)

3. (a) PRINT FULL NAME Charles I. Gugerty

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Jessie

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan. 16 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	0	22	hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk (Retired 15 yrs.)

11. Industry or business Mississippi Valley Tr. Co.

MOTHER FATHER

12. Name Thomas Gugerty

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

14. Maiden name Elizabeth Collins

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Gugerty

(b) Address 4428 Chouteau Ave.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 2 11 47
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) FEB 10 1947
(Date received local registrar)

J. F. Bradock
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 4428 Chouteau Ave.
(If rural, give location)

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

000
1817
9
0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th
year 1947 hour 1:30 / minute _____ P. M.

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

Immediate cause of death _____
Coronary Thrombosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 9 months of death)

Duration _____
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) _____

(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 Arthur E. Taylor (M. D. or other) _____
Address Ray 4 Date signed 2/10/47

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.....

Edwin M. Permat

Licensed Embalmer No. *3024*

P. O. Address.....

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.