

S. No. 2  
FORM-5-43  
REV. 5-17-39  
1 X36671

FILED MAR 24 1947  
318

State File No. \_\_\_\_\_  
Registrar's No. 2668

Registration District No. 318

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution:  
4645 Minnesota 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

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. 4645 Minnesota Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Rosella Gubitz,

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th  
year 1947 hour 1:40 minute P. M.

4. Sex Female, 5. Color, or race white,

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

6. (b) Name of husband or wife Gustave A. Gubitz,

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 10, 1886  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 2, 1947 to March 11, 1947  
that I last saw her alive on March 11, 1947  
and that death occurred on the date and hour stated above.

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

60	11	1	hr. _____ min. _____
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Immediate cause of death Chronic Interstitial Nephritis

Due to Hypertension

Due to Cor Myocardium

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

Other conditions 131  
(Include pregnancy within 3 months of death)

10. Usual occupation At Home,

11. Industry or business \_\_\_\_\_

12. Name Henry Henderson,

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

14. Maiden name Don't know,

15. Birthplace Don't know,  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Gustave A. Gubitz,

(b) Address 4645 Minnesota Ave.,

17. (a) Burial, (b) Date thereof 3/14/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery,

18. (a) Signature of funeral director Gabken-Benz Mortuary

(b) Address 2842 Meramec St.,

19. (a) MAR 13 1947 (b) J. J. Paddeck  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury \_\_\_\_\_

23. Signature Asst. G. Maeller (M. D. or \_\_\_\_\_)

Address 3537 S. Jefferson Date signed 3/12/47

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

MOTHER { FATHER {

*me*

**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.....Loren C. Percy.....  
Licensed Embalmer No.....4094.....  
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.**