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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10917

Registrar's No. 2637

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: 0
City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-18-1945 (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 137
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St. 9
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Joseph Frank Gutjahr

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Frieda Gutjahr

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

7. Birth date of deceased April (Month) 14 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
72	10	27	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Boyd-Welsh Shoe Co.

11. Industry or business

FATHER
12. Name Peter Gutjahr
13. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Augusta Steichner
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 13 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 11 Day 1947
year hour minute 1:45 P.M.

21. I hereby certify that I attended the deceased from Oct. 18, 1945, 19, to Mar. 11, 1947, 19; that I last saw him alive on Mar. 11, 1947, 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Recurrence Cerebro vascular
DEMOX Incident 2 days

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) 0
While at work? (e) Means of injury

23. Signature Calvin Truman Bowdish (M. D.)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Nelson

Licensed Embalmer No. 4186

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.