

FILED DEC 2 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9790

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:  
1004 Bates Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community Years  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME HERBERT D. GUTTERY

3. (b) If veteran, name was No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 70 hr. min.

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

10. Usual occupation Manager

11. Industry or business Delicatessen

12. Name W. Benton Guttery

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

14. Maiden name Laura Keach

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

16. (a) Informant Roxana Guttery

(b) Address 1004 Bates St., St. Louis II, Mo.

17. (a) Cremation (b) Date thereof 11/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director C. Hoffmeister U&L Co.

(b) Address 7814 S. Bdw. St. Louis II, Mo.

19. (a) NOV 10 1948 (b) J. B. Lavater  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County San  
(c) City or town St. Louis II, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1004 Bates Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th  
year 1948 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from 10/27/47  
19..... to 11/10 1948;

that I last saw him alive on 11/21 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Heart Disease Duration 13 months  
Due to Chronic Bronchial Asthma 13 months

Due to.....  
Other conditions (Include pregnancy within 3 months of death) None

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?  
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Walter S. Sumner (M. D. or other) MD  
Address 5003 S. ... Date signed 11/10/48

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

MOTHER FATHER

Doctor Walter T. Gunn  
5003a Gravois  
Pl 2120  
Have signed II/10/48 in the afternoon  
Knock on Dr. Gunn's office door his  
Sec. said she would attend to permit  
for you.

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**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.....

*Louis C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address. 7814 S Broad

**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.**