

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3369

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 117			
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) Eureka		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) 67 TOWN Kirkwood		4693			
d. FULL NAME OF HOSPITAL OR INSTITUTION On Highway 66				d. STREET ADDRESS (If rural, give location) Barrett Sta. Rd. & Big Bend Rd.					
3. NAME OF DECEASED (Type or Print) Julius			a. (First) Gutman			4. DATE OF DEATH (Month) (Day) (Year) Jan 12 1951			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 2 1877			
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & Manager		10b. KIND OF BUSINESS OR INDUSTRY Lumber Yard		11. BIRTHPLACE (State or foreign country) Allenton Mo.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & Manager		10b. KIND OF BUSINESS OR INDUSTRY Lumber Yard		11. BIRTHPLACE (State or foreign country) Allenton Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Julius Gutman			13b. MOTHER'S MAIDEN NAME Louise Dicketts			14. NAME OF HUSBAND OR WIFE Erna Gutman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Erna Gutman		ADDRESS -----			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) crushing injury of chest-driving pick-up truck which collided with tractor-trailer.				DUPLICATE TO (b) -----				-----	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE TO (c) -----				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				-----	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Road		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Highway 66 & Wms. Rd., St. Louis, Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 12 51 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? See above					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Arnold J. Willmann				23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 1/15/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN-15-1951		24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KIRKWOOD MO			
DATE REC'D BY LOCAL REG. 1-15-51		REGISTRAR'S SIGNATURE Herbert J. Tombs		25. FUNERAL DIRECTOR'S SIGNATURE Webb Graves Co.		ADDRESS -----			

(Licensed Embellisher's Statement on Reverse Side)

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

JAN 25 1951

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Leslie Welch*.....

Licensed Embalmer No. *4395*.....

P. O. Address *Holston, Grimes 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.