

NOV DEC 2 1952

STANDARD CERTIFICATE OF DEATH

41109

XC NONE  
REG #106174

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2835

4000  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS</u>		c. LENGTH OF STAY (In this place) <u>3 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		<u>2159</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP</u>			d. STREET ADDRESS (If rural, give location) <u>4124 OREGON</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>ADOLPH</u>		b. (Middle) <u>THOMAS</u>		c. (Last) <u>GUTGSELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-1-52</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1-22-96</u>		9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TIMEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FOUNDRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>GUSTAVE GUTGSELL</u>		13b. MOTHER'S MAIDEN NAME <u>CECELIA DUFFY</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WW I</u>		16. SOCIAL SECURITY NO. <u>489106413</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF BRKS., MO.</u>			
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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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIO VASCULAR DISEASE DUE TO HYPERTENSION OF LESSER CIRCULATION WITH DEATH IN CARDIAC FAILURE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 YRS.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PULMONARY FIBROSIS, BILATERAL, MODERATE - PULMONARY EMPHYSEMA, BILATERAL, ADVANCED</u>					
		DUE TO (c) <u>PULMONARY FIBROSIS, BILATERAL, MODERATE - PULMONARY EMPHYSEMA, BILATERAL, ADVANCED</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 10-29-52, 1952, to 11-1-52, 1952, and that death occurred at 2:10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter H. Linn</u> M.D.		23b. ADDRESS <u>VAH, JEFFERSON BARRACKS, MO.</u>		23c. DATE SIGNED <u>11-1-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/4/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter and Paul Cem. St. Louis Missouri</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>11-3-52</u>		REGISTRAR'S SIGNATURE <u>Hubert R. D... M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken-Benz Mortuary 2842 Meramec St. St. Louis 18 Mo.</u>			
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P.T. (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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Loren E. Percy*

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

St. Louis 18 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.