

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33315  
State File No. ....  
Registrar's No. .... 9455

FILED OCT 15 1953

318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place) <b>3 Months</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <b>23 137 St. George Avenue</b>		(If rural, give location) <b>2227 D</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harvey</b> b. (Middle) <b>S.</b> c. (Last) <b>Guttar</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>September 30, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Dec. 19th, 1893</b>
9. AGE (In years last birthday) <b>59</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Switchman</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Florissant, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Edward Guttar</b>	
13b. MOTHER'S MAIDEN NAME <b>Eliza Teban</b>		14. NAME OF HUSBAND OR WIFE <b>Leona Guttar</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>498-22-3541</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Harvey E. Guttar, 1227 Mt. Olive Rd. U. Cit</b>		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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic carcinoma to the brain</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of the tonsil</b> DUE 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 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>145X</b>			
22. I hereby certify that I attended the deceased from <b>7-6-53</b> , 19___, to <b>9-30-53</b> , 19___, that I last saw the deceased alive on <b>9-30-53</b> , 19___, and that death occurred at <b>12:15P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert B. Katins M.D.</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>	
23c. DATE SIGNED <b>9-30-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10/3/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Ferdinand Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Florissant, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>OCT 2 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ</b>		ADDRESS <b>FUNERAL HOME, INC. 4828 Natural Bridge Blvd</b>	

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

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.....  
Signature of Student Embalmer

Signed *John A. Mlinar*.....  
Licensed Embalmer No. *4186*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.