

CERTIFICATE OF DEATH

23522

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City Solovius (No. 3651-Montana)

File No.....
 Registered No. 7037
 St. Ward)

2. FULL NAME

Louis H. Gottfried
 (a) Residence. No. 3651-Montana St., 151 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED 'HUSBAND OF (OR) WIFE OF <u>Amelia Gottfried</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 12 - 1890</u>		
7. AGE <u>40</u>	YEARS <u>7</u>	MONTHS <u>12</u>
		DAYS <u>12</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Clerk</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Office</u> (c) Name of employer <u>American Car Co</u>		
9. BIRTHPLACE (CITY OR TOWN) <u>Solovius</u> (STATE OR COUNTRY)		
10. NAME OF FATHER <u>Wm C Gottfried</u>		
PARENTS	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Amelia Manther</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)	
14. INFORMANT <u>Amelia Gottfried</u> (Address) <u>3651 Montana St</u>		
15. FILED <u>26</u> 19 <u>31</u> <u>Max C. Starker</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

found dead
 16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1931
 17. No Physician in Attendance
 I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at 1070 P m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Strangulation due to Hanging by leather belt, while suffering from temporary mental aberration
 CONTRIBUTORY (SECONDARY) Suicide
 (duration)..... yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED 110
 NOT AT PLACE OF DEATH? 110
 8 165 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Ferner M.D.
6/26, 1931 (Address) Dep. Comm
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus DATE OF BURIAL June 27 1931
 20. UNDERTAKER Wacker Helderle ADDRESS 2331 S. Blum

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE PLAINLY, WITH SHARP PENCIL.

Revised United States Standard Certificate of Death

Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septi emia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No. 191 File No. 93522
 Township..... Primary Registration District No. 1003 Registered No. 7037
 City St. Louis (No. 3651) MONTANA St. _____ Ward _____

2. FULL NAME

HARRY L. GOTTFRIED
 (a) Residence No. 3651 MONTANA St. 13 Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) SINGLE

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 9 7 12

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work CLERK
 (b) General nature of industry, business, or establishment in which employed (or employer) OFFICE
 (c) Name of employer AMERICAN CAR & FOD. CO.

9. BIRTHPLACE (CITY OR TOWN) ST. LOUIS, MO.
 (STATE OR COUNTRY)

10. NAME OF FATHER WM. C. GOTTFRIED

11. BIRTHPLACE OF FATHER (CITY OR TOWN) OHIO
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER AMELIA MANTHEI

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) GERMANY
 (STATE OR COUNTRY)

14. INFORMANT Amelia Gottfried
 (Address) 3651 Montana St.

15. FILED -6 1931 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1931

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
STRANGULATION WHILE SUFFERING FROM TEMPORARY MENTAL ABERRATION

CONTRIBUTORY (SECONDARY) SUICIDE (FOUND DEAD)
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D.
 _____, 19____ (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus DATE OF BURIAL June 27 1931

20. UNDERTAKER Wacker-Heldorle ADDRESS 9634 Marois

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

PLAIN UNFADING INK--THIS IS A PERMANENT RECORD

SUPPLEMENTARY

State of Missouri)
) S.S.
City of St. Louis)

Be it remembered that on this 7 day of October 1931 personally appeared before me and to me known to be Mrs. Amelia Gottfried of 3651 Montana St., St. Louis, Mo., who being duly sworn and on her oath says that she is the mother of Harry L. Gottfried who died June 24, 1931. She further states that in the Certificate of Death filed with the Board of Health at St° Louis, the status of the Deceased was stated at that of a married man and his wife's name was Amelia Gottfried. This she further states was in error, the Deceased being a single man.

The affiant further states that in above mentioned Certificate of Death, the name of her son was stated as Louis H. Gottfried, ^{whereas} his correct name was Harry L. Gottfried. and she asks that the State Board of Health at Jefferson City, Missouri write these changes into their records as they are true and correct to the best of her knowledge and belief.

Amelia Gottfried

Sworn to and subscribed before me on this 7 day of October 1931
My Commission expires February 24, 1933

Oliver Wacker
Notary Public

RECEIVED

OCT 1 1931

THE STATE BOARD OF HEALTH
OF MISSOURI

TO THE DIRECTOR OF HEALTH DEPARTMENT

FROM THE

THE BOARD OF HEALTH OF THE CITY OF ST. LOUIS, MISSOURI

RESOLVED, That the Board of Health of the City of St. Louis, Missouri, do hereby certify that the following is a true and correct copy of the original as the same appears in the files of the Board of Health of the City of St. Louis, Missouri:

That the following is a true and correct copy of the original as the same appears in the files of the Board of Health of the City of St. Louis, Missouri:

(52)-23522

RECEIVED DIRECTOR'S OFFICE
OCT 1 1931
ST. LOUIS, MISSOURI