

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

1008

File No. **18790**

Township.....

Primary Registration District No. **1008**

Registered No. **5300**

City **St. Louis, Mo.** (No.)

St. Anthony Hospital

St. Ward)

2. FULL NAME Mrs. Hulda Gotsch

(a) Residence, No. **3511 Chippewa**
(Usual place of abode)

St. **1** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **40** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF **Richard Gotsch**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 27 - 1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 4 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **Martin Kisro**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Augusta Lau**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Mr. Richard Gotsch**
(ADDRESS) **3511 Chippewa**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Sunset Burial Park** DATE **May 28,** 19**34**

19. UNDERTAKER **Beiderwien Funeral Home, Inc.**
(ADDRESS) **1926 St. Louis Avenue**

20. FILED **11V 29 1934**
J. Bedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 26,** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **May 22, 1934, to May 26, 1934**

I last saw h. or alive on **May 25, 1934** Death is said to have occurred on the date stated above, at **3:15 A.M.**

The principal cause of death and related causes of importance were as follows:

Encephalitis (acute) Secondary to upper Respiratory and sinus infection
sinusitis
Date of onset **May 21, 1934**

Other contributory causes of importance: **none**

Name of operation Date of operation
What test confirmed diagnosis? **Phys Exam - Lab Test** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

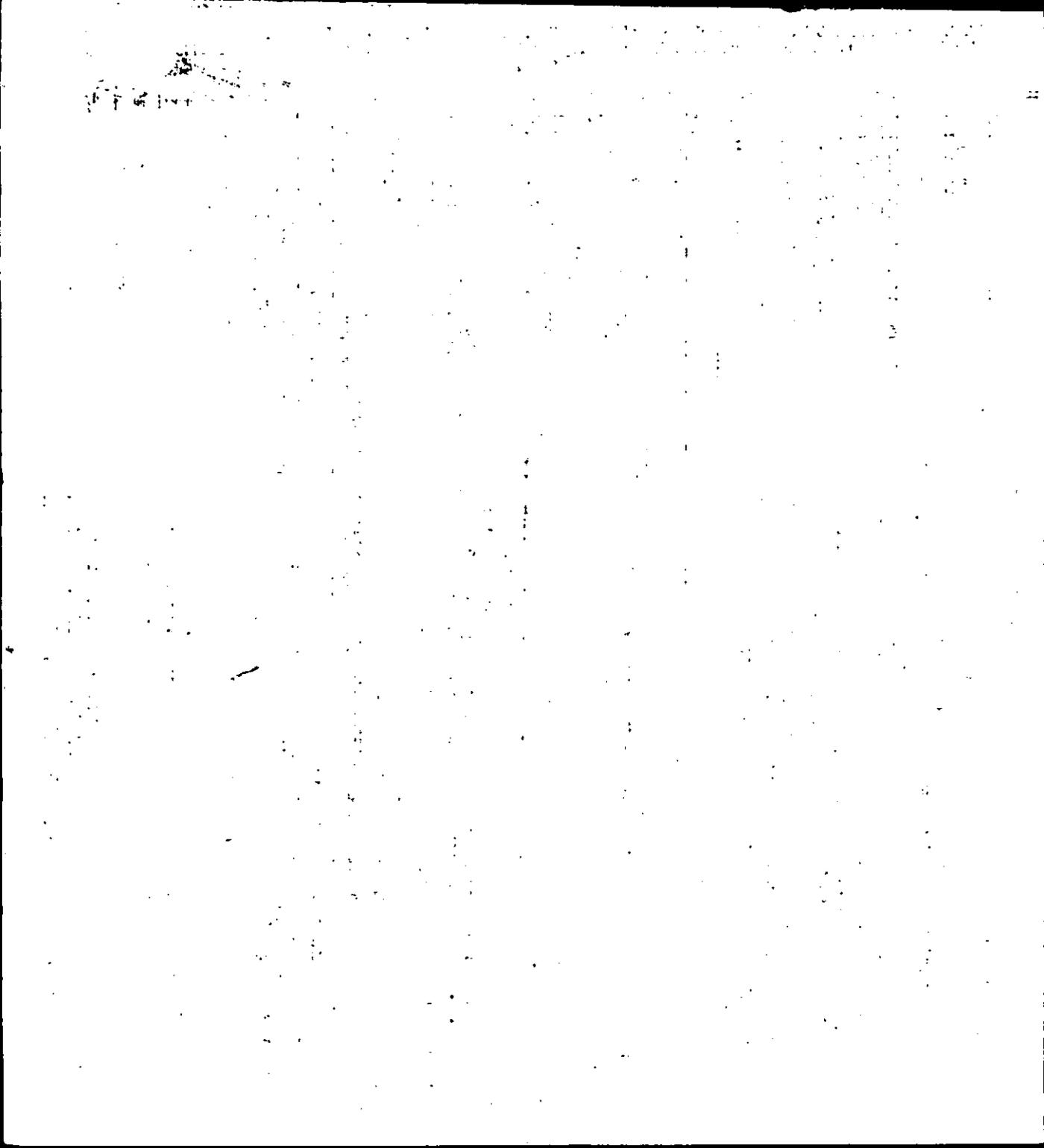
24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify

(Signed) **Robert G. Mauer**, M. D.
(Address) **1070 West Brown St. St. Louis, Mo.**

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.

JUN 10 1934

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550



DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,

BUREAU OF THE CENSUS

Special Agent,

Jefferson City, Mo.

WASHINGTON

18790

5300

St Louis City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mrs Heilda Gatsch
Who died at St Anthony's Hosp on May 26 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 59 Months 4 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

~~Date-deceased-last-worked-at-this-occupation: Month _____ Year _____~~
~~Birthplace-(State-or-country) Albany, N.Y. (not Epidemic) ✓~~
~~Birthplace-of-father-(State-or-country) _____~~
~~Birthplace-of-mother-(State-or-country) Secondary to upper~~
Principal cause of death: Respiratory & Purpura infection

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar Robert S Warner JT Predicts-15-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791
Very truly yours,
E. J. Mc Gaugh M.D.
Special Agent.

Primary Reg. Dist. No. 10-0-3

1934
5-18 790