

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

Do not use this space.

WUG 28 1936

29053

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **Saint Louis, Missouri** No.

Lutheran Hospital. **7826** St. Ward)

2. FULL NAME

Elizabeth Gotthardt.

(a) Residence, No. **3612 So. Jefferson Ave.** St. **24** Ward. (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 **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 **Steve Gotthardt.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 12th, 1891.**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
45	2	9	

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

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) **Hungaria**

13. NAME **Nick Putz**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Steve Gotthardt** (ADDRESS) **3612 So. Jefferson Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Pk.** DATE **July 25th, 1936**

19. UNDERTAKER **Ziegenhein Bros.** (ADDRESS) **2626 Cherokee Street.**

20. FILED **July 23 1936** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 21st, 1936.**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **10:30 P.M.**

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

Bronchecetasis
Chr. Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **yes**

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? If so, specify.....

(Signed) **Karol P. Pichay**, M.D.
(Address) **.....**

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.

Year	1950	1951
Jan	100	100
Feb	100	100
Mar	100	100
Apr	100	100
May	100	100
Jun	100	100
Jul	100	100
Aug	100	100
Sep	100	100
Oct	100	100
Nov	100	100
Dec	100	100