

No. 2
4-13-40
-17-39
X23159

Registration District No. **78x**

Primary Registration District No. **20d**

Registrar's No. **997**

1. PLACE OF DEATH

(a) County **St. Louis**

(b) City or town **Lemay**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
725 Bernard
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Otto T. Gotsch, Jr.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Johanna Gotsch** 6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **July 2 1905**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	34	10	10	6 hr. _____ min.

9. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Electric repairman**

11. Industry or business **Pullman Co.**

12. Name **Otto Gotsch**

13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Margot**

15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Johanna Gotsch**

(b) Address **725 Bernard**

17. (a) **Burial** (b) Date thereof **5-13-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Fendler Und. Co.**

(b) Address **7420 Michigan Ave.**

19. (a) **MAY 12 1941** (b) **W. K. Meyer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **98**

(c) City or town **Lemay**
(If outside city or town limits, write "RURAL")

(d) Street No. **725 Bernard**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9th**
year **1941** hour **3:30 A** minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **Natural causes**

Due to **Acute dilatation of heart**

Due to _____

Other conditions **45C**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy **Yes**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Louis H. Boy** (M. D. or other) **3**
Address **Kirkwood, Mo.** Date signed **5/9/41**

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

MOTHER FATHER

MAR - 8 1945

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.