No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40708

Registration District No. 791 1

Primary Registration District No. 1003

Registrar's No. 10483

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1310 Wachtel Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Arthur Bert Gorsuch

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Zoa V.

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb. (Month) 5 (Day) 1882 (Year)

8. AGE: Years 59 Months 10 Days 24 If less than one day hr. min.

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

10. Usual occupation Contractor

11. Industry or business

FATHER
12. Name Smith Edw. Gorsuch
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Cynthia Mooney
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Zoa V. Gorsuch
(b) Address 1310 Wachtel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) DEC 31 1941 (Date received local registrar) (b) J. P. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th year 1941 hour 3 minute 55 P.M.

21. I hereby certify that I attended the deceased from 12/27/41 to 12/29/41, 19..., to ..., 19...; that I last saw her alive on 12/29/41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death dermatitis, type undetermined

Due to

Due to

Other conditions Toxic psychosis
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No gross findings to account for death. Sections to reported.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Andrew B. Jones (M. D. or other)
Address 3720 Washington Date signed 12/30

(Licensed Embalmer's Statement on Reverse Side)

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 J. Wm Bentley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.