

FILED FEB 11 1942

Registration District No. 789

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community about 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7525 Delmar
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3
year 1942 hour 1 minute A. M.
21. I hereby certify that I attended the deceased from October 23
1938 to February 1942
that I last saw him alive on February 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Due to age and general Arterio Sclerosis

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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?

While at work? (Specify type of place) (e) Means of injury.....
23. Signature K. F. Slay (M. D. or other) 0
Address 3720 Wash. St. Date signed 2-3-42

3. (a) PRINT FULL NAME GEORGE GOSCH

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harriet 6. (c) Age of husband or wife if alive 50
7. Birth date of deceased August 18, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 5 15 hr. min.

9. Birthplace Pleasant Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation banker

11. Industry or business.....

12. Name George Gosch

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

14. Maiden name unknown

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

16. (a) Informant Mrs Geo Gosch

(b) Address 7525 Delmar

17. (a) removal (b) Date thereof 3/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Alexander's Sons

(b) Address 6175 Delmar Blvd.

19. (a) FEB 3 1942 (b) H. McHern
(Date received local registration) (Registrar's signature)

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

MOTHER FATHER

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.....

Raymond L. Harris

Registered Apprentice No. *290*

working under my personal supervision.

Signed.....

Jos. E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address *6170 Pelmar*

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.