

S. No. 2
M-5-42
7-5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12448**

FILED MAY 3 1943

818

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **3793**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
5318a Gilson Ave., /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **15 years** years, months or days)

3. (a) PRINT FULL NAME **Gottlieb Lorch**

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, **Widowed**

6. (b) Name of husband or wife **Elizabeth** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov. 5, 1852**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	5	16	hr. _____ min. _____

9. Birthplace **Germany. 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Wood Carver,**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown,** 9

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

14. Maiden name **Unknown,** 9

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

16. (a) Informant **Mrs. Frieda Baeson,**

(b) Address **5318a Gilson,**

17. (a) **Cremation** (b) Date thereof **4/24/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **Oscar J. Hoffmeister**

(b) Address **4016 Chippewa**

19. (a) **APR 23 1943** (Date received local registrar) **J. F. Bredich** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **St. Louis,** **12 1/2**
(If outside city or town limits, write "RURAL")

(d) Street No. **5318a Gilson Ave.,**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **April** day **21**
year **1943** hour **8** minute **30** P.M.

21. I hereby certify that I attended the deceased from **11-3-39**
19____ to **4-21-43**
that I last saw him alive on **4-** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Endocarditis** **4 yrs**
Duration

Due to _____

Due to **Chronic tubercular hepatitis** **4 yrs.**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **1/3/1**

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? **Y** (Specify type of place) (e) Means of injury **Mustard Gas**

23. Signature **J. F. Bredich** (M. D. or other) **10-25 Grand**
Address **10-25 Grand** Date **4-23-43**

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

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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3747 Dunnic

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.