

FILED JUN 25 1944 318

State File No. \_\_\_\_\_  
Registrar's No. 5437

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Isolation Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2-26-44-6-14-44  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4201 N. 11th  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ovid Gotcher

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 4 16 1918  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>1</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) \_\_\_\_\_

10. Usual occupation Sales Clerk

11. Industry or business \_\_\_\_\_

12. Name Felix Gotcher  
13. Birthplace Unknown Mo. (State or foreign country) \_\_\_\_\_

14. Maiden name Mable Sheller  
15. Birthplace St. Louis Mo. (State or foreign country) \_\_\_\_\_

16. (a) Informant H. Buchanan  
(b) Address 5600 Arsenal

17. (a) Burial (b) Date thereof 6/17/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) JUN 16 1944 J. F. Oberbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 2-26-44  
\_\_\_\_\_, 19\_\_\_\_, to 6-14-44, 19\_\_\_\_;  
that I last saw him im alive on 6-14-44, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Far Advanced

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Tuberculosis Far Advanced

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) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_

23. Signature W. Klingberg (M. D. or other) \_\_\_\_\_  
Address 5600 Arsenal Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

*Welford J. Burnley*

Licensed Embalmer No.

*4202*

P. O. Address

*St. Louis, Mo.*

**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.**