

S. No. 2
12-45
5-17-39
PI X47070

FILED MAR 24 1947

Registration District No. 1

Primary Registration District No. 6076

1. PLACE OF DEATH

(a) County St Louis

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

(c) Name of hospital or institution:
Route No. 1, Parker Road
(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 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. Parker Road, Route No. 1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Miss Agnes Gotsch

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

4. Sex Female / 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 January 9, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>1</u>	<u>26</u>	_____ hr. _____ min.

9. Birthplace Fort Wayne, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Benjamin Gotsch

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

14. Maiden name Elizabeth Nees

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

16. (a) Informant B. Vorderstrasse

(b) Address Route No. 1, Parker Road

17. (a) Burial (b) Date thereof Mar. 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) 3-11-47 (b) Arthur J. Blenden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1947 hour 1: minute 20 P., M.

21. I hereby certify that I attended the deceased from Mar. 21st to March 6th 1947.
that I last saw her alive on March 6th 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Tributary Arteriosclerosis

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

Major findings:
Of operations _____

Of autopsy _____

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)

Means of injury Stroke

23. Signature Arthur J. Blenden (M.D. or other)

Address 3012 Lafayette Date signed 3/8-47

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

76
6
0

MOTHER, FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. Otto Hanser
3012 Lafayette

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..... *Glen W. Hay*

Licensed Embalmer No. *3737*

P. O. Address. *1936 N. Loma Ave*

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.