

Registration District No. 318 Primary Registration District No. 1003

**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:  
5024 Ruskin Ave /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. None  
(Specify whether)

In this community \_\_\_\_\_  
 years, months or days

**3. (a) PRINT FULL NAME** Katherine M. Gautsche

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

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

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

7. Birth date of deceased December 18, 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation At home

**MOTHER FATHER**

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

12. Name Carl Boehning

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

14. Maiden name Fredericka Cordes

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

16. (a) Informant Harry G. Gautsche

(b) Address 7225 Normandy Pl. Normandy, Mo.

17. (a) Burial (b) Date thereof 4/1/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair Ave

19. (a) MAR 31 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5024 Ruskin Ave  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 29th  
 year 1947 hour 11:15 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 26, 1947 to March 29, 1947  
 that I last saw her alive on March 29, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy chronic arteriosclerosis

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

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

Other conditions: \_\_\_\_\_  
(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? \_\_\_\_\_

23. Signature [Signature] (St. D. or other) MD  
 Address 5310 [Signature] Date signed 3/30/47

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

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**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..... *Walter G. Bussley*.....  
Licensed Embalmer No. *4282*.....  
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.**