S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25568

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6808

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: Jewish Hospital
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 1032 Liggett Ave. 4
(If rural, give location)
(e) Citizen of foreign country? NR (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME EUGENIA GOTTSCHLICH
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Mar. (Month) 10 (Day) 1885 (Year)

8. AGE: Years 62 Months 4 Days 9 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) O
10. Usual occupation Housework
11. Industry or business

MOTHER FATHER
12. Name William Meyer 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Helen Fisbeck
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Edward Gottschlich
(b) Address 1032 Liggett Ave. W.G.Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7 21 47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) JUL 21 1947 (Date received by registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1947 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from 7-12-47, 19..., to 7-18, 19 47, that I last saw her alive on 7-18, 19 47, and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Intestinal obstruction
Hernia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations above

Of autopsy Same as above

Duration

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. G. Probstein (M. D. or other)
Address 1414 Beaco Date signed 7/19/47

J. G. Probstein

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....Richard W. Stovesand.....

Licensed Embalmer No.....4007.....

P. O. Address.....

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.