S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

41480

State File No. 11224

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

1. PLACE OF DEATH:

(a) County ~~St. Louis~~

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

(c) Name of hospital or institution: Masonic Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs. 8 Mos. (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. 5351 Delmar
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Christina M. Gottschall

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Nells J. Gottschall

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 23, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	2	3	hr. min.

9. Birthplace Talcebo, Sweden
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name ~~Xxxxx~~ J.A. Anderson
13. Birthplace Sweden
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophia Johanson
15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch
(b) Address 5351 Delmar Blvd. St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/48
(Month) (Day) (Year)
(c) Place: burial or cremation Newburg, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) DEC 27 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 10, 1940 to Dec. 26, 1948
that I last saw her alive on Dec. 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis - from	5days
Hypertension	2yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [illegible] (M. D. or other)

Address 508 N Grand Blvd Date signed

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

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~~ ME

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Ellen R H Remelund

Licensed Embalmer No. 4283

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.