

10.300  
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96  
325

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10894

FILED APR 2 1949

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>482</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before additional)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>32 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2816 Glendale</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Laura</u>		b. (Middle) <u>A.</u>	c. (Last) <u>Gotsch</u>		(Month) <u>2</u>	(Day) <u>25</u>	(Year) <u>1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb 14 - 1878</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR	IF UNDER 12 HOURS	IF UNDER 15 MIN.
					Months <u>0</u>	Days <u>0</u>	Hours <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alexander Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Theodore Gotsch</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>St. Louis County Hospital</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy or Cerebral Metastases from Ca of breast.</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) <u>Hypertensive Cardiovascular Disease</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Post operative Ca. of breast with metastases.</u>				50	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2-24, 1949</u> , to <u>2-25, 1949</u> , that I last saw the deceased alive on <u>2-26, 1949</u> , and that death occurred at <u>5:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Silvius A. Thibault</u>			23b. ADDRESS (Degree or title) <u>M.D. 601 S. Brentwood Clayton</u>			23c. DATE SIGNED <u>2-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 1, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-28-49</u>		REGISTRAR'S SIGNATURE <u>Thibault</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann &amp; Son, Inc.</u>		ADDRESS <u>2161 E. Fair Ave</u>	

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Harold G Burnley*

Licensed Embalmer No. *4302*

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.