

FILED JAN 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 43730
16714

318

1003

Registrar's No. _____

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|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. LENGTH OF STAY (in this place) 5 weeks | | c. CITY (If outside corporate limits, write RURAL and give township) 16 TOWN Velda Village 4160 | | d. STREET ADDRESS (If rural, give location) 3009 Gary Dr. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Clarence | | b. (Middle) Charles | | c. (Last) Gotsch | |
| 4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1950 | | 5. SEX male 0 | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1 | |
| 8. DATE OF BIRTH Nov. 5 1900 | | 9. AGE (In years last birthday) 50 | | 10. KIND OF BUSINESS OR INDUSTRY Construction Co. | | 11. BIRTHPLACE (State or foreign country) Minneapolis Minn. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant | | 10b. KIND OF BUSINESS OR INDUSTRY Construction Co. | | 11. BIRTHPLACE (State or foreign country) Minneapolis Minn. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Charles Gotsch | | 13b. MOTHER'S MAIDEN NAME Isabelle Odell | | 14. NAME OF HUSBAND OR WIFE Eleanor Gotsch | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eleanor Gotsch, 3009 Gary Dr. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, lobes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral vascular Hemorrhage 5 wks</u> DUE TO (c) <u>Valvular Heart disease & unknown arteriosclerosis</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 da</u> | |
| 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? <u>321X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Sept 19 49</u> to <u>14 Dec, 1950</u> , that I last saw the deceased alive on <u>14 Dec, 1950</u> , and that death occurred at <u>12:15 pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Virginia W. Hall M.D.</u> | | | | 23b. ADDRESS <u>3580 Flourmont</u> | | 23c. DATE SIGNED <u>15 Dec 50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal 5</u> | | 24b. DATE <u>12/16/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Crystle Lake</u> | | 24d. LOCATION (City, town, or county) (State) <u>Minneapolis Minn.</u> | |
| DATE REC'D BY LOCAL REG. <u>DEC 15 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Kasper</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral; 1905 Union Blvd.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Eugene Hall
25a S. Florrisson Rd.

(1 to 3)

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Warren A. Carver

Signed.....
Student Embalmer

Licensed Embalmer No. 3538

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.