

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14128

FILED MAY 12 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4139		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 46 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2239		
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				2. STREET ADDRESS (If rural, give location) 2119 Ann Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) H. WALTER			b. (Middle) WALTER		c. (Last) GOTSCH		4. DATE OF DEATH (Month) (Day) (Year) Apr. 29, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 6, 1889		9. AGE (In years last birthday) 62		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Head Store Keeper		10b. KIND OF BUSINESS OR INDUSTRY Clay Products		11. BIRTHPLACE (State or foreign country) Stanton, Ill.		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME Oscar E. Gotsch			13b. MOTHER'S MAIDEN NAME Rosette Graemer		14. NAME OF HUSBAND OR WIFE Laura Hoelscher Gotsch			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Laura Gotsch, 2119 Ann Ave.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH 2 days	
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) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 331X						
22. I hereby certify that I attended the deceased from April 14, 1951 to April 19, 1951 , that I last saw the deceased alive on April 19, 1951 , and that death occurred at 3:20 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE R. W. Just M.D. (Degree or title)				23b. ADDRESS 2807 N. Grand		23c. DATE SIGNED 4/30/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/2/51		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. MAY 2 1951		REGISTRAR'S SIGNATURE J. B. Harster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F. H., 1936 St. Louis				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Arthur H. Jost
2807 N. Grand

Hours 2-7 pm

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 Robert J. Krupar

Signed.....
Student Embalmer

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.