

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **13361**  
**2025**

FILED APR 27 1955

BIRTH NO. 17700-55 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

<b>I. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood 4683</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>477 Clemens</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>ANN</u> c. (Last) <u>GOTSCH</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 4, 1955</u>
<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>infant</u>	<b>8. DATE OF BIRTH</b> <u>3-4-55</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>infant</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> ---	<b>9. AGE</b> (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>1 30</u>
<b>11a. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Roland A. Gotsch</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Vern Jean Bolick</u>	<b>14. NAME OF HUSBAND OR WIFE</b> -----
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mr. Roland A. Gotsch, 477 Clemens, Kirkwood</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <small>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</small>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Intermittent Anoxemia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Maternal Toxicosis Pregnancy</u> DUE TO (c) <u>Pre-existing Nephritis (Maternal)</u>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3-14-55</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>IN UTERO</u>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>ST. LOUIS MISSOURI</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>7690</u>

**22. I hereby certify that I attended the deceased from** 3-4, 1955, to 3-4, 1955, that I last saw the deceased alive on 3-4, 1955, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>	<b>23b. ADDRESS</b> <u>4075 S Grand</u>	<b>23c. DATE SIGNED</b> <u>3-4-55</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>3/4/55</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Concordia Cemetery</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Missouri</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>MAR 4 1955</u>	<b>REGISTRAR'S SIGNATURE</b> <u>J. Earl Smith m.d.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</u>
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*S.P. (Licensed Embalmer's Statement on Reverse Side)*

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

Dr. Kienzel  
3rd Fl Luth. Hosp.

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. *2*

working under my personal supervision.

Student .....

Student Embalmer

Signed

Licensed Embalmer No. ....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.