

S. No. 300
V. 10.48

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32065**
Registrar's No. **7911**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 32065		Registrar's No. 7911	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarinate Word Hospital				e. STREET ADDRESS (If rural, give location) 3472 Grace Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) J.		c. (Last) Gottschalk		4. DATE OF DEATH (Month) (Day) (Year) August 25, 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 4, 1888		9. AGE (in years last birthday) 68	
IF UNDER 1 YEAR Months 5 Days 21		IF UNDER 4 HRS. Hours Min. 							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY City Water Department		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Albert Gottschalk			13b. MOTHER'S MAIDEN NAME Anna Klapper			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 492-01-7260		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Kost 3472 Grace 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) Heart failure & bronchopneumonia ANTECEDENT CAUSES DUE TO (b) Intensification thru pyrotoxicity DUE TO (c) Feeding pyrotoxic operation II. OTHER SIGNIFICANT CONDITIONS Cancer of stomach Conditions contributing to the death but not related to the disease or condition causing death. Cancer of stomach						INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 32 hrs 3 mos 3 mos	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Inoperable cancer of stomach. Inoperable cancer of stomach				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) 151x (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? _____					
22. I hereby certify that I attended the deceased from 1 Oct 1954 to 25 Aug 1956 , that I last saw the deceased alive on 24 Aug 1956 , and that death occurred at 2:30A.M. , from the causes and on the date stated above.									
23a. SIGNATURE J. D. ... (Degree or title) _____				23b. ADDRESS 1657 So Grand				23c. DATE SIGNED AUG 27 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/28/56		24c. NAME OF CEMETERY OR CREMATORY St. Pater & Paul Cemetery		24d. LOCATION (City, town, or county) St. Louis Mo. (State) _____			
DATE REC'D BY LOCAL REG. AUG 27 1956		REGISTRAR'S SIGNATURE John H. Gebken Sons				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2630 Gravois Ave.			

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

(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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
J. W. P. [Signature]

Licensed Embalmer No. *4329*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.