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10103

=61-038617  
STATE FILE NUMBER

AMENDED

Registration District No. FILED NOV 8 1961

Primary Registration District No.

Registrar's No.

DATE AMENDED 12/6/61

MISSOURI & St. Louis, Mo.

INSTEAD OF SHOULD READ

Valhalla & St. Louis County Missouri & St. Louis, Mo.

DOCUMENT

BY AFFIDAVIT OF Funeral Director

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, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6000 Waterman		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Max Middle W. Last Gottschalk				4. DATE OF DEATH Month Oct. Day 29, Year 1961				
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-19-1876	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician and Artist			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Gladys Gottschalk		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. yes		17. INFORMANT (wife) Address St. Louis Missouri Mrs. Gladys Gottschalk 6000 Waterman			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)			PULMONARY EDEMA AND PLEURAL EFFUSIONS				2 405	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)			RETICULUM CELL SARCOMA - MET				18 405
	DUE TO (c)			200.0				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from MAY 1960 to OCTOBER 1961 and last saw her alive on 10-29-61 Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Monte A. Binder M.D.				22b. ADDRESS 4652 MARYLAND ST LOUIS E			22c. DATE SIGNED 10-31-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE Oct. 29, 1961	23c. NAME OF CEMETERY OR CREMATORY Valhalla Missouri Crematory		23d. LOCATION (City, town, or county) St. Louis Missouri		23e. STATE Missouri		
24. FUNERAL DIRECTOR ADDRESS C.R. Lupton and Sons 7233 Delmar Blv'd.				25. DATE RECD. BY LOCAL REG. OCT 31 1961		26. REGISTRAR'S SIGNATURE Earl Smith M.D.		

C.R. Lupton and Sons 7233 Delmar Blv'd. OCT 31 1961

Earl Smith M.D.

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Max Latta Hall  
City Clinic

7674057

Wed

**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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.