

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045269

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3147

FILED NOV 26 1962

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

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|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>St. Louis</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><b>CLAYTON</b>   |  | c. CITY OR TOWN<br><b>St. Louis</b>   |  |
| Length of stay in 1b   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>St. Louis County Hosp.</b>  |  | d. STREET ADDRESS (If outside, give location)<br><b>5103 Vermont Ave.</b>   |  |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>JERRY G. GOTSCH</b>  |  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>October 28 1962</b>   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>7/9/43</b>  |
| 9. AGE (last birthday)<br><b>19</b>  |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>laborer</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Soap Mfg.</b>   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>   |  | 13a. FATHER'S NAME<br><b>Eugene E. Gotsch</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Ruth E. Knueppe</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>- - - -</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>  |  |
| 17. INFORMANT<br><b>Mr. Eugene E. Gotsch</b>   |  | Address<br><b>5103 Vermont Ave.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Head injury</b>   |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |  |   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input checked="" 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.)<br><b>Passenger - 2 car collision</b>                          |  |
| 20c. TIME OF INJURY<br>Hour a.m. Month, Day, Year<br><b>1:15 p.m. 10/28/62</b>   |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>highway 3 S</b>   |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE<br><b>St. Louis Missouri</b>  |  |
| 21. I attended the deceased from _____ to _____ and last saw <sup>her</sup> him alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><i>Eugene E. Gotsch</i> Coroner  |  | 22b. ADDRESS<br><b>Clayton, Missouri</b>  |  |
| 22c. DATE SIGNED<br><b>11/2/62</b>   |  |   |  |
| 23a. BURIAL, CREMATION, or DATE REMOVAL (Specify)<br><b>BURIAL</b>   |  | 23b. DATE<br><b>Oct. 31, 1962</b>   |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Trinity Cemetery</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County Missouri</b>   |  |
| 24. FUNERAL DIRECTOR<br><b>Beiderwieden F.H.Inc., 1936 St. Louis Ave.</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>10-30-62</b>   |  |
| 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |  |   |  |

**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 Homer H. Fritz

Licensed Embalmer No. 3882

P. O. Address 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.