

S. No. 2  
-11-1940  
5-1-1940  
-I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26933**  
Registrar's No. **6829**

SEP 25 1940

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3229 North Broadway 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Since Birth  
years, months or days)

3. (a) PRINT FULL NAME FELIX W. GOTCHER 526

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Line O. (Hanselman) 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased April 9 1891  
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Theiling Lothman Co.

12. Name Not Known

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lina Gotcher

(b) Address 3229 N. Broadway

17. (a) Burial (b) Date thereof 8/13/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) AUG 12 1940 (b) J. J. Brede  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 26  
(If outside city or town limits write "RURAL")  
(d) Street No. 3229 N. Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9  
year 1940 hour 3 minute 50PM M.

21. I hereby certify that I attended the deceased from 2:30 PM Aug 9th - 1940 to 3:30 PM Aug 9th - 1940  
that I last saw him alive on Aug 9th - about 2:45 PM, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease Duration \_\_\_\_\_

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions History of previous attacks  
(Include pregnancy within 3 months of death)  
continued 12 years

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

Signature J. J. Brede (M. D. or other) \_\_\_\_\_

Address 5406 Hadley Date signed 8/12/40

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Ronald Hampton*

Licensed Embalmer No. *12967*

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 this body is not embalmed, above space should be left blank.**