

FILED JAN 15 1941 79

1003Registrar's No. **9855**

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **City Hospital #1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 Days**
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME **RUDOLPH GOTTSCHALK**3. (b) If veteran, name war _____ 3. (c) Social Security No. **078-05-1120**4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**6. (b) Name of husband or wife **Catherine** 6. (c) Age of husband or wife if alive **63** years7. Birth date of deceased **June 9 1883**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
57 5 21 hr. _____ min.9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Shoe Worker**

11. Industry or business _____

12. Name **Albert Gottschalk**13. Birthplace **Germany**
(City, town, or county) (State or foreign country)14. Maiden name **Anna Klapper**15. Birthplace **Germany**
(City, town, or county) (State or foreign country)16. (a) Informant **Catherine Gottschalk**(b) Address **3702a Texas Ave.**17. (a) **Burial** (b) Date thereof **Dec. 3, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Weingarten, Missouri**18. (a) Signature of funeral director **J. H. Hubben Div. & Und. Co.**(b) Address **2630 Gravois Ave.**19. (a) **DEC 2 1940** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL") **24**
 (d) Street No. **3702 a Texas Ave.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **30**
year **1940** hour **11** minute **30 A.M.**21. I hereby certify that I attended the deceased from **November 27,** 19**40**, to **November 30,** 19**40**
that I last saw him alive on **November 30,** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage & Left Hemiplegia	4 days
Brain and Cord Compression	2 weeks

Due to **Essential Hypertension and Generalized Arteriosclerosis** **10 yrs.**
Left Indirect Inguinal Hernia **10 yrs.**Other conditions **Left Indirect Inguinal Hernia**
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy **As above**

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 _____

23. Signature **Rosenberry** (M. D. or other) _____
Address **1515 Lafayette St.** Date signed **12-2-40**

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.....

working under my personal supervision.

..... Registered Apprentice No.

E. Embalmer
[Signature]

Signed.....

Licensed Embalmer No. [Redacted]

P. O. Address..... 2842 Meramec St.
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, fact should be so stated above.