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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 41151

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10922

**1. PLACE OF DEATH:**

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis 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 years, months or days)
In this community /

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County
(c) City or town St. Louis 23
(If outside city or town limits write "RURAL")
(d) Street No. 1907 Congress St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME Amanda Gotting

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Henry Gotting

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 1 1876 (Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 30 If less than one day hr. min.

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

10. Usual occupation housework. 0

11. Industry or business 0

FATHER
12. Name Adolph Birmel 0
13. Birthplace Unknown (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Joseph H. Burian
(b) Address 1907 Congress St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cem.

18. (a) Signature of funeral director Withers & Co.
(b) Address 2929 S. Jefferson Av.

19. (a) DEC 31 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 31, year 1940 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from December 29, 1940, to December 31, 1940 that I last saw her alive on December 31, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 H. Friedman M.D. (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 12/31/40

(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 Paul A. Shanklin, Registered Apprentice No. _____, working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 29292 Jefferson

**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.**