

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 40454  
Registrar's No. 10206

Registration District No. 24-194791 4 Primary Registration District No. 1003

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:  
3623 Oregon Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 90 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 24 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3623 Oregon Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Maria Gotsch  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 22nd  
year 1941 hour 10 minute 10 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Edmund T. Gotsch 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 22, 1851  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 20th, 1941 to December 22nd, 1941,  
that I last saw her alive on December 21st, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 4 da

8. AGE: Years 90 Months 11 Days -- If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to XXXXX  
Due to XXXXX  
Other conditions XXXXX  
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

Major findings:  
Of operations XXXX  
Of autopsy XXXX

11. Industry or business \_\_\_\_\_  
12. Name William Pechmann  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Maria Seele  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Richard Gotsch  
(b) Address 3623 Oregon  
17. (a) Burial (b) Date thereof Dec. 24th, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Dr. H. N. Walters (M. D. or D.D.S.)  
Address 3608 So. Grand Blvd Date signed 12/28/41

18. (a) Signature of funeral director Beiderwieden F. H. Inc.  
(b) Address 1936 St. Louis Avenue  
19. (a) DEC 24 1941 (b) J. J. Predeck  
(Received Local Registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

Dr. Wm. Waiter

Melba R. D. J.

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**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.....

Licensed Embalmer No. 3737

P. O. Address 1936 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 this body is not embalmed, fact should be so stated above.**