

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34140

State File No. _____

V. S. No. 300
REV. 10-48

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

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FILED NOV 6 1952

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>5031</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Cuivre Township)</u>		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Cuivre Township)</u>		d. STREET ADDRESS (If rural, give location) <u>Route #3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route #3</u>				3. NAME OF DECEASED a. (First) <u>CATHERINE</u> b. (Middle) <u>B</u> c. (Last) <u>GOTSCH</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>October 16, 1952</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>Sept. 3, 1885</u>		9. AGE (in years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u>		IF UNDER 24 HOURS Hours <u></u> Mins <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry B. Lawrence</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa C. Cox</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest Gotsch</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Gotsch Ladonia, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Overwork and Old age</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Oct 16, 1952</u> , to <u>Oct 16, 1952</u> , that I last saw the deceased alive on <u>9:52 PM 10/16/52</u> , and that death occurred at <u>9:52 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William W. Jones P.O.</u>				23b. ADDRESS <u>Ladonia, Missouri</u>		23c. DATE SIGNED <u>Oct 16, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-20-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 1 1952</u>		REGISTRAR'S SIGNATURE <u>Mallie Fusica</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden F.H. 1936 St. Louis Avenue</u>			

(Licensed Embalmer's Statement on Reverse Side)

Mary Regina

Dr. McCall
Ladonia, Missouri

79619 AOW

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
Student Embalmer

Signed *Delis J. Krupin*

Licensed Embalmer No. 3497

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, fact should be so stated above.