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FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19092

State File No.

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 542 Registrar's No. 1073

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond Heights</u>)	c. LENGTH OF STAY (In this place) township) <u>29 days</u>	c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3734 Utah Place</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u> b. (Middle) <u>T.</u> c. (Last) <u>GOTTL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-26-1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>3-21-1899</u>	9. AGE (In years last birthday) <u>56</u> Months <u>1</u> Days <u>5</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Book Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Famous-Barr Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Kratzer</u>	13b. MOTHER'S MAIDEN NAME <u>Alvina Niemann</u>	14. NAME OF HUSBAND OR WIFE <u>Julius B. Gottl (Deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>495-14-4104</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alvina M. Kratzer</u> ADDRESS <u>3734 Utah Place</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ovarian carcinoma with widespread metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>175X</u>
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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? _____
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22. I hereby certify that I attended the deceased from Sept 12, 1955, to April 26, 1956, that I last saw the deceased alive on April 26, 1956, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>CA Bockelman M.D.</u>	23b. ADDRESS <u>2615 Brentwood Blvd</u>	23c. DATE SIGNED <u>April 27 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>4-30-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Chapel of Memories</u>	24d. LOCATION (City, town, or county) (State) <u>7600 St. Charles Rock Road Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-27-56</u>	REGISTRAR'S SIGNATURE <u>Robert R. Roubert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenhein</u> ADDRESS <u>6409 Gravois Ave</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

cause by death
June 5 1956

JUN 9 1958

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.....
Signature of Student Embalmer

Signed *Vau M. Eugene*

Licensed Embalmer No. *424*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.