

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21838**

FILED JUN 25 1956

Registrar's No. **5693**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5693</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY <b>AUDRAIN</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>18 mos</b>		c. CITY OR TOWN <b>LADDONIA</b>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>				e. STREET ADDRESS (If rural, give location) _____				<b>0040</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ERNEST</b>			b. (Middle) <b>G</b>		c. (Last) <b>GOTSCH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 14, 1956</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input checked="" type="checkbox"/> DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Nov. 23, 1882</b>		9. AGE (In years last birthday) <b>73</b> If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired president</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Mfrs Comm. Belting</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>New Melle, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Oscar Gotsch</b>			13b. MOTHER'S MAIDEN NAME <b>Resetta</b>			14. NAME OF HUSBAND OR WIFE <b>Catherine B. Lawrence</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>494-03-7597A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Milton A. Balmer, 3621 So. Grand Blvd.</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Cerebral Apoplexy</b></p> <p>ANTECEDENT CAUSES <b>Myocardial Hypertrophy</b></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Arteriosclerosis</b></p> <p>DUE TO (c) <input checked="" type="checkbox"/></p> <p>II. OTHER SIGNIFICANT CONDITIONS <b>Myocardial Hypertrophy</b></p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>						INTERVAL BETWEEN ONSET AND DEATH <b>19 hrs</b> <b>4 days</b> <b>3 years</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			420 + 332		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) _____ m. _____		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 <b>11-29</b> , 19 <b>54</b> , to <b>6/14</b> , 19 <b>56</b> that I last saw the deceased alive on <b>6/8</b> , 19 <b>56</b> , and that death occurred at <b>8:40 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Martin J. Paces</b> (Degree or title) _____				23b. ADDRESS <b>506 Olive St.</b>			23c. DATE SIGNED <b>6/14/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>June 16, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>JUN 15 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beiderwieden F.H.Inc., 1936 St. Louis Ave.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

11-3PM

506 Olive St.

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 *Debit J. Krupin*

Licensed Embalmer No. 349

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.