

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**23041**

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **817 A S. 4<sup>th</sup> St.**)

St. (Ward).....

File No. ....

Registered No. **6724**

**2. FULL NAME**

**Martin Gonzolze**

(a) Residence. No. **817 A S. 4<sup>th</sup> St.** 22 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Male**

**4. COLOR OR RACE**

**White**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**Infant**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**March 7 - 1927**

**7. AGE**

YEARS

MONTHS

DAYS

**4**

**10**

If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

**Infant**

(b) General nature of industry, business, or establishment in which employed (or employer)

**" "**

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**Missouri**

**10. NAME OF FATHER**

**Joseph Gonzolze**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Spain**

**12. MAIDEN NAME OF MOTHER**

**Celestini Garcia**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Spain**

**14.**

INFORMANT (Address)

**Mr. Joseph Gonzolze  
817 A S. 4<sup>th</sup> St.**

**15.**

FILED.....

**25 1927**

**Max B. Starkloff**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

**July 23 1927**

**17.**

I HEREBY CERTIFY, That I attended deceased from **July 16** 1927, to **July 23** 1927.

that I last saw **alive** on **July 21** 1927, and that death occurred, on the date stated above, at **4:30 a. m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**11015 Enterocolitis**

**CONTRIBUTORY (SECONDARY)**

**113 B**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....**

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed).....

**T. H. New**

M. D.

**7/23, 1927 (Address) 1807 S. 18**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

**Calvary Cemetery**

**July 25 1927**

**20. UNDERTAKER**

**E. J. Schurr**

ADDRESS

**31 25 Lafayette**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE BOARD OF HEALTH WITH CONTINUING INTERESTS IS A PERMANENT RECORD

