OCT 2 1927.

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

Do not use this space.

25356

1. PLACE OF DEATH
County St. Louis
Township Central
City
Registration District No. 789
Primary Registration District No. 6038 (B)
(No. 8106 Washington St. Ward)
File No.
Registered No. 214

2. FULL NAME George P. Goshert
(a) Residence. No. 8106 Washington St. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Saluda Dove Goshert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 11, 1835

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
92	=	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(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) Pennsylvania

PARENTS
10. NAME OF FATHER Henry Goshert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Mary Knepper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

14. INFORMANT Henry D. Goshert
(Address) 8106 Washington

15. FILED 8/14 1927 Rolla Bracy M.D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 14, 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1927, to Aug. 14, 1927, that I last saw him alive on Aug. 14, 1927, and that death occurred, on the date stated above, at 9:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endo Conditions
90 A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility (Arteriosclerosis)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Res.
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Inc
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. O. Young, M.D.
Aug 14, 1927 (Address) 8136 Page Av

*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: Warsaw, Ind.
DATE OF BURIAL: Aug. 15 1927
20. UNDERTAKER: Elmer Shepard
ADDRESS: 59 N Easton

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.