

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

Do not use this space.

6751

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (Neighborhood) **3450 - Sidney** File No.....  
 Registered No. **1703** St. .... Ward)

**2. FULL NAME**

**Walter G. Gossrau**  
 (a) Residence. No. **3450 - Sidney** St. **17** Ward. (If nonresident give city or town and State)  
 (Usual place of abode)

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) **Married**

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF **Louise Gossrau**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 29 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**42 | 6 | 16**

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Bond Salesman**  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Alton Ill**  
 (STATE OR COUNTRY)

PARENTS  
 10. NAME OF FATHER **Reinhold Gossrau**  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER **Kath. Hermann**  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**  
 (STATE OR COUNTRY)

14. INFORMANT **Louise Gossrau**  
 (Address) **3450 - Sidney**

15. FILED **15 1928** **Max C. Starkoff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 14 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Phys.** 1928 to **Feb. 14 1928**, and that I last saw him alive on **Feb. 14 1928**, and that death occurred, on the date stated above, at **2:10 P. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Acute dilatation of heart,**  
**921**  
**7-290(B)**  
 (duration) yrs. mos. ds. **2**

CONTRIBUTORY (SECONDARY) **Chr. Myocarditis**  
 (duration) yrs. mos. ds. **6**

18. WHERE WAS DISEASE CONTRACTED **Home**  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? **No.** DATE OF.....  
 WAS THERE AN AUTOPSY? **No.**  
 WHAT TEST CONFIRMED DIAGNOSIS? **Phys. Exam.**  
**Dr. Lutz H. Koch, M. D.**  
 (Signed) **7/15 1928** (Address) **2250 S. Grand.**

\*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 **Alton Ill** DATE OF BURIAL **2-17 1928**

20. UNDERTAKER **W. Schumacher** ADDRESS **3013 Insurance**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

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