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

Do not use this space.

4354

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 003 Registered No. 983

City St. Louis (No. 3451 Halliday St. ..... Ward)

2. FULL NAME Otto J Gossrau

(a) Residence. No. 3451 Halliday St., 16 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): Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Wilhelmine Gossrau

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 10 1872

7. AGE: Years 56 | Months 5 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER Rheinhold Gossrau
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Kath. Herman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Wilhelmine Gossrau
(Address) 3451 Halliday

15. FILED 21 1929 Max C Starkeny REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 19 1929

17. I HEREBY CERTIFY, That I attended deceased from January 10 1929 to Jan 19, 1929 that I last saw him alive on Jan 19, 1929, and that death occurred, on the date stated above, at 1 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia due to septic tooth (Streptococ.)

110A
91A
115A

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) Empyema - Arthritis acute - Endocarditis acute

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X Ray - Pathological exam.

(Signed) Chas. H. Weinberg, M. D

T. 21, 1929 (Address) 3232 Lafayette

*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: Sunset Burial Park
DATE OF BURIAL: 1-22 1929

20. UNDERTAKER: Wm Schumacher
ADDRESS 3013 Meramec

131
2
10
10

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

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.