

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

Do not use this space.

39098

1. PLACE OF DEATH

County..... Registration District No. 7011
 Township..... Primary Registration District No. 110005
 City St. Louis (No. Flyer Ave Bridge Press Practices St. 11580 Ward)

2. FULL NAME

(a) Residence. No. William Gutzensperger St. 4 Ward. Sullivan Mo
 (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

5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hertie Gutzensperger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22, 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 4 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Restaurant
 (b) General nature of industry, business, or establishment in which employed (or employer) Mgr.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER

H. Gutzensperger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT Hertie Gutzensperger
 (Address) Sullivan, Mo

15.

FILED Nov 26 1929 REGISTRAR W. E. Harkley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 29 1929

17. No Physician in attendance. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

that I last saw h _____ alive on _____, 19____, and that death occurred, on the date stated above, at 12.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock and Injuries
Internal, automobile
skidded and went
over Flyer Ave Bridge
 CONTRIBUTORY Accident
 (SECONDARY) In St. Louis, Mo

18. WHERE WAS DISEASE CONTRACTED

IF NOT, AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. H. Hurley
11/26 1929 (Address) Deputy Coroner

*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

Sullivan, Mo Nov. 28, 1929

20. UNDERTAKER

ADDRESS

J. T. Williams Sullivan, Mo

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.

RECORD

PARENTS

214

11/26

STATE OF MISSOURI)
) ss.
COUNTY OF ST. LOUIS)

Gertrude Genevieve Saucier, of lawful age, being
duly sworn, upon her oath declares the following:

On November 23, 1929 one William Goetzensperger died
in the City of St. Louis, State of Missouri, as the result
of an automobile accident on the Fyler Avenue Bridge crossing
the Frisco railroad tracks in said city, as shown by certifi-
cate of death of the Missouri State Board of Health, Bureau
of Vital Statistics, Registration District No. 791, File
No. 39098, Registered No. 11580.

This affiant further states that in October 1916
she married the said William Goetzensperger, believing that
at that time he had been divorced from his former wife,
Anna Goetzensperger nee Bauer, to whom he was married
December 15, 1900.

This affiant further states that it has since developed
that the aforesaid Anna Goetzensperger nee Bauer was still
living at the time of the death of said William Goetzensperger
and that there never was a divorce between the said William
and Anna Goetzensperger, nor an annulment of their marriage,
but that at the time of the death of the said William Goetzensper-
ger, the said Anna Goetzensperger was his lawfully wedded wife
and is now his only rightful widow.

This affiant further states that, as the aforesaid
certificate of death shows the name of Gertie Goetzensperger,

RECORDED
JUN 5 - 1931
THE STATE OF MISSOURI
OFFICE OF THE CLERK

which is the name by which she, affiant, is commonly known, as that of the widow of the said decedent, and in order to correct the record in this respect, she now makes this affidavit of her own free will, declaring that all the facts stated herein are true to the best of her knowledge, information and belief.

Bertha Gertrude Saucier

Subscribed and sworn to before me this 27
day of May 1931.

My commission will expire July 4 - 1933

W. L. Perry
Notary Public

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

DEATH.

Registration District No.

File No. 39098

Primary Registration District No.

Registered No. 11580

St. Louis, Mo

(No. Tyler Ave. Bridge, Tainso Tracks)

St. Ward)

2. FULL NAME

William Goetzensperger

Sullivan Mo

(a) Residence. No. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Goetzensperger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22, 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 55 4 1

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER H. Goetzensperger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Wm C Starkey

15. FILED JUN - 4 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23 1929

17. No physician in attendance I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on, 19.., and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock from injuries internal
Automobile skidded and went over
Town Bridge

CONTRIBUTORY (SECONDARY) Accident St. Louis, Mo

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

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

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D. , 19 (Address)

*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 Sullivan, Mo. DATE OF BURIAL Nov. 28 1929

20. UNDERTAKER J. I. Williams ADDRESS Sullivan, Mo.

SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED