

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

Do not use this space.

3169

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Townshp..... Primary Registration District No. 1003  
 City..... St. Louis (No. 4133 Shaw Art.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 663  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Anna Goessling

(a) Residence. No. 4133 Shaw Art. St. 17 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gottlieb Goessling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
89 4 18

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work at Home  
 (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) Germany

10. NAME OF FATHER Casper Bonekamp

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 August Goessling

(Address) 4133 Shaw Art

15. FILED 21 1930 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1930

17. I HEREBY CERTIFY, That I attended deceased from death 1929 to Jan 9 1930 that I last saw her alive on Jan 13 1930 and that death occurred, on the date stated above, at 6:15 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis, Chronic  
186 Pk  
1240  
1300  
 CONTRIBUTORY (SECONDARY) prostate hypertrophy  
falling on ice walk 37

18. WHERE WAS DISEASE CONTRACTED Accident

IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) W. S. Shaulster M. D.  
1/20 1930 (Address) 1514 So. Johnson

\*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 New Bethlehem DATE OF BURIAL Jan 22 1930

20. UNDERTAKER Theo. H. Gieseler ADDRESS 1936 St. Louis

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.

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