NOV 28 1930

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

Do not use this space.

File No. 33902
Registered No. 172

1. PLACE OF DEATH
County St. Charles
Township St. Charles
City St. Charles (No. St. Joseph Hospital St. Ward)
Registration District No. 757
Primary Registration District No. 13036

2. FULL NAME Warren Eugene Gosejacob
(a) Residence. No. 419 Clark St. St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23, 1930.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
—	5	27	

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

9. BIRTHPLACE (CITY OR TOWN) St. Charles,
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Edwin Gosejacob
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Charles
(STATE OR COUNTRY) County, Mo.
12. MAIDEN NAME OF MOTHER Lillian Nolte
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Charles
(STATE OR COUNTRY) Mo.

14. INFORMANT Edwin Gosejacob
(Address) 419 Clark St. St. Charles, Mo.

15. FILED 10/22, 1930 Hy. G. Bloebaum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 20, 1930.

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930, to October 20, 1930 that I last saw h..... alive on ....., 19.... and that death occurred, on the date stated above, at 1.20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Infantile Dysentery
13C
(duration) ....yrs. ....mos. 20 ds.

CONTRIBUTORY (SECONDARY) 16C
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH No knowledge
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? Physical & Post mortem
(Signed) B. Gust Grissom, M. D.
Oct 21, 1930 (Address) 200 Clark St Charles Mo

*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
Lutheran Cemetery	10/22/1930.
20. UNDERTAKER	ADDRESS
Steinbrinker Furn Co.	St. Charles 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.