

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

Do not use this space.

35561

1. PLACE OF DEATH

County St. Louis Registration District No. 786
 Township Central Primary Registration District No. 4469
 City Maplewood (No. 3504 Oxford Ave) St. _____ Ward _____

File No. _____
 Registered No. 85
 St. _____ Ward _____

2. FULL NAME

Albert S. Goerisch
 (a) Residence, No. 3504 Oxford Ave 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 Mildred Goerisch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 - 1884

| | | | | |
|--------|-----------|----------|----------|----------------------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>47</u> | <u>-</u> | <u>7</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Creditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Motion Pictures

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No.

13. NAME Ferdinand Goerisch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No.

15. MAIDEN NAME Anna Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No.

17. INFORMANT Mildred Goerisch
 (ADDRESS) 3504 Oxford Ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Pk. DATE Oct 20 1931

19. UNDERTAKER (ADDRESS) Manchester Bur Co
4734 Manchester Ave

20. FILED 10/19 1931 Mercedes Cheeler
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1931

22. I HEREBY CERTIFY, That I attended deceased from March 4 1928, to May 25 1931

I last saw h. i. m. alive on May 25 1931. Death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

94B
Cornel sclerosis
 Date of onset _____
 Other contributory causes of importance: 94B

Name of operation _____ Date of _____

What test confirmed diagnosis? Order Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury _____, 1931

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____
 (Signed) Alphonse McNabon M. D.
 (Address) 806 Mason Bldg

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.

NOV 28 1931

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