

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

Do not use this space.

2540

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. 2115 E. Fair An)

File No.....  
Registered No. 232  
St. .... Ward)

**2. FULL NAME**

Barrie J. Goessling

(a) Residence, No. 2115 E. Fair An 9 Ward.

(Usual place of abode) 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Goessling</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4<sup>th</sup> 1890</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>7</u>
	DAYS <u>2</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

**7 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1932

22. I HEREBY CERTIFY, That I attended deceased from April 23<sup>rd</sup> 1931, to January 6<sup>th</sup> 1932. I last saw her alive on January 6<sup>th</sup> 1932. Death is said to have occurred on the date stated above, at 11:45 a.m. The principal cause of death and related causes of importance were as follows:  
Chronic Pulmonary Tuberculosis  
231  
713  
1, 3  
Date of onset 2/15/31

Other contributory causes of importance:  
Secondary Anemia  
(1)

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>
	13. NAME <u>Wm. Bentzen</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>
	15. MAIDEN NAME <u>Olura Kerone</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>
17. INFORMANT <u>B. Goessling</u> (ADDRESS) <u>2115 E. Fair An</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walhalla</u> DATE <u>Jan 9</u> 19 <u>32</u>	
19. UNDERTAKER <u>Wm. F. Paschedag</u> (ADDRESS) <u>2825 No Grand St</u>	
20. FILED <u>1932</u> 19 <u>Jan 9</u> 19 <u>32</u> <u>M. J. Tarkenton</u> Registrar.	

Name of operation None Date of .....

What test confirmed diagnosis? laboratory Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? NO Date of injury ....., 19.....  
Where did injury occur? NO (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NO  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify Andrew A. Henske, M. D.  
(Signed) Andrew A. Henske  
(Address) 716 Miss. Club 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.

(11 2 1)