

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

Do not use this space.

34858

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Cassville Primary Registration District No. 62489
 City Jefferson Barracks, Mo. Veterans Administration Facility St. _____ Ward _____

OCT 24 1934

2. FULL NAME Irvin H. GOOSMANN

(a) Residence, No. 229 Military Road, St. Louis, Co., Mo. 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 Mrs. Emma Goosmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 11, 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	42	7	12	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chauffeur</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unavailable</u>
	10. Date deceased last worked at this occupation (month and year) <u>Unavailable</u>
	11. Total time (years) spent in this occupation <u>Unavailable</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Kentucky

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

17. INFORMANT C.H. SMITH, M.D., Clinical Director
 (ADDRESS) Vets. Adm. Fac., Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE Sept 26, 1934

19. UNDERTAKER C. Hoffmeister
 (ADDRESS) 7814 So. Broadway

20. FILED 9-25, 1934 W. G. Gibson, M.D.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 11, 1934 to September 23, 1934

I last saw him alive on September 23, 1934 Death is said to have occurred on the date stated above, at 2:00 P.M.

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

Myocarditis with mild hypertrophy and dilatation, congestive type of heart failure
Valvular Heart Disease, Mitral Stenosis, severe

Other contributory causes of importance:
Emphysema, Chronic Bronchitis

Date of onset	<u>Unkn.</u>
Date of death	<u>Unkn.</u>

Name of operation None Date of operation _____
 History, physical findings, X-Ray & Laboratory tests confirmed diagnosis? Findings Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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?
 If so, specify _____

(Signed) W. G. GIBSON, M.D. Registrar
 (Address) Vets. Adm. Fac., Jeff. Bks., 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.

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