

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

Do not use this space.

3855

1. PLACE OF DEATH *MAR 3 1935*

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... *St. Louis* (No. *St. Louis to Mass.*) St. Ward)

File No.....
Registered No. *1935* St. Ward)

2. FULL NAME..... *Mr. J. J. Gollig*
(a) Residence, No. *2403* St. *26* Ward. (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 (with the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 23*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mls.

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

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

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) *Ireland*

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT *Harold H. Schantz* (ADDRESS) *Coverdale Office*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Potters field* DATE *2-27* 1935

19. UNDERTAKER *Truitt Bros* (ADDRESS) *3029 Lafayette*

20. FILED *FEB 27 1935* *J. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

No City in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *January 7, 1935*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at *9:47* A. M.

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

Chor. Myocarditis

Other contributory causes of importance *1935*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *no*

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) *Harold H. Schantz* M. D.
(Address) *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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

