

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

Do not use this space.

SEP 16 1935

791
1003

28012

7090

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. St. Anthony Hospital)

File No.....

Registered No.....

St. Ward)

2. FULL NAME

Baby Gohs

(a) Residence, No. 4792 So Grand
(Usual place of abode)

St. 15 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 M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/11/35

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— — — 9.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
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) St. Louis, Mo.

13. NAME Arthur Gohs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio

15. MAIDEN NAME Ala. Nuntz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilkesbarre

17. INFORMANT Gifford Gohs
(ADDRESS) 4742 So Grand St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Trinity DATE Aug 22, 1935

19. UNDERTAKER Franklin Kid Co
(ADDRESS) 7019 Michigan St

20. FILED AUG 21 1935 19 J. P. Blalock
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/11/35, 19... to 8/21/35, 19...

I last saw him alive on 8/21/35, 19... 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:

Diarrhea & Colic - unknown
15A
Date of onset

Other contributory causes of importance
Premature birth (P mo.)

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? No.
If so, specify
(Signed) Andrew J. Klein, M. D.
(Address) 3531 a Delos, St. Louis

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.

