

DEC 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. Louis* No. *Deaconess Hospital* Registered No. **38029**  
St. .... Ward **10041**

2. FULL NAME

*Louis W. Gossjohann*  
(a) Residence No. *4377 Holly Oak* St. *10* 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE/MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *William F. Gossjohann*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 14, 1867*  
7. AGE YEARS *68* MONTHS *2* DAYS *14* If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*  
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) *Indiana*  
13. NAME *Herman Osthoff*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hermann*  
15. MAIDEN NAME *Johanna Hirsch*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hermann*  
17. INFORMANT (ADDRESS) *Adwin Gossjohann*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter's* DATE *Dec. 2, 1935*  
19. UNDERTAKER (ADDRESS) *Math. Hermann & Son*  
*1111 Holly Oak*  
20. FILED **NOV 29 1935** *J. F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 28, 1935*  
22. I HEREBY CERTIFY, That I attended deceased from *Aug. 10, 1935* to *Nov. 25, 1935*  
I last saw him alive on *Nov. 27, 1935* Death is said to have occurred on the date stated above, at *7:20 A.M.*

The principal cause of death and related causes of importance were as follows:  
*Chronic Myocarditis (fibrous)* Date of onset *Aug 10 1935*  
*Strangulated Hernia (femoral)* *36 hr*  
Other contributory causes of importance: *1 2 20*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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) *Herman L. Walters*, M. D.  
(Address) *2728 N. 11th*

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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

