APR 9 1937

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 File No. 10464

Township ..... Primary Registration District No. 1003 Registered No. 3037

City ST. LOUIS (No. 5403 RUSKIN AVE St. ..... Ward)

2. FULL NAME CHARLES A. GOESSMANN

(a) Residence, No. 5403 RUSKIN AVE St., 7 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 6 mos. 15 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 HUSBAND OF WILHELMINA GOESSMANN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 1, 1859

7. AGE: YEARS 77 MONTHS 6 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) 1924

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MISSOURI

FATHER

13. NAME JOHN GOESSMANN

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

MOTHER

15. MAIDEN NAME MARY RUBE

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

17. INFORMANT (ADDRESS) WILHELMINA GOESSMANN 3214a NATURAL BRIDGE

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. PETERS DATE 3/18/37 19

19. UNDERTAKER (ADDRESS) BUEDMEYER & SONS 3934 N. 20 St.

20. FILED MAR 18 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 16, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1937, to Mar 16, 1937

I last saw him alive on Mar 16, 1937. Death is said to have occurred on the date stated above, at 6:10 P.m.

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

	Date of onset
terminal bronchopneumonia	3/15
Gastric Carcinoma	?

Other contributory causes of importance:
examined arterio sclerosis

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) John J. Blasko, M. D.

(Address) 3903 Lee

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.

THIS IS A PERMANENT RECORD

[illegible] 9990 [illegible]