JUN 12 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

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital No.1 St. ..... Ward)

File No. 18549

Registered No. 5125

C 1311

2. FULL NAME Henry A Gogel

(a) Residence, No. 4004 McDonald St., 16 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 Mary Gogel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17, 1875

7. AGE 62 YEARS | MONTHS 3 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Germany

FATHER

13. NAME Frederick Gogel

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

MOTHER

15. MAIDEN NAME Frances Thien

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) Hosp Info M.H.Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE 5-24-37, 19

19. UNDERTAKER (ADDRESS) Oscar J. Hoffmeister 4016 Chippewa Str.,

20. FILED MAY 22 1937, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/20/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/28/37, 19, to 5/20/37, 19

I last saw him live on 5/20/37, 19 Death is said to have occurred on the date stated above, at 11.45p

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

	Date of onset
Septicemia	4/28/37
Suppurative nephritis	?
~~[illegible]~~	
Carcinoma of prostate	1935

Other contributory causes of importance:

Bilateral epididymitis	5/14
Cyclitis & Bc	?
Perinephral abscess	5/19

Name of operation Incision & drainage of abscess Date of 5/28

What test confirmed diagnosis? Autopsy Was there an autopsy?

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) Thos W. Soam, M. D.

(Address) City Hospital No.1

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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1937 - 5-20
1875 - 2-17
62 3 3