

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

Do not use this space.

1. PLACE OF DEATH III 8 - 1937

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, (No. 3322 Lemp)

St. 24 Ward.

791
1003

22362
File No.....
Registered No. 6114
St. Ward)

2. FULL NAME Lydia Goosmann

(a) Residence, No. 3322 Lemp St., 24 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to June 22, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1883

I last saw her alive on June 21, 1937 Death is said to have occurred on the date stated above, at 2:45 A.M.

7. AGE YEARS 53 MONTHS 8 DAYS 9 If LESS than 1 day,hrs. ormin.

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

Chronic Myocarditis Date of onset

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

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.....

Other contributory causes of importance:

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

13. NAME Henry Ohlendorf

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

15. MAIDEN NAME Maggie Brand

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

17. INFORMANT Stanley Goosmann (ADDRESS) 3322 Lemp Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Churchyard June 24, 1937

19. UNDERTAKER Sheep Bros. (ADDRESS) 2201 So. Grand Blvd.

20. FILED JUN 24 1937 J. Bredeck Registrar.

Name of operation..... Date of..... What test confirmed diagnosis?..... 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) Ralph D. Urban M. D. (Address) 3660 So Broadway

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.

899

3665 S. Broadway

1:30 to 4