

REG JUN 7 1938

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

19454  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township Clayton Primary Registration District No. 101 Registered No. 893  
(c) City Clayton (d) Street No. St. Louis County Hospital  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Eliza Gosey

(a) Residence, No. Jackson & Scudder, S. Kinloch, Mo. (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. ~~HUSBAND~~ WIDOWED, OR ~~WIFE~~ CLARENCE GOSEY  
HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/6/1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 3 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house work  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) May 1938 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Illinois

FATHER 13. NAME Peter White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Illinois

MOTHER 15. MAIDEN NAME Elizabeth Tabor

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

17. INFORMANT (ADDRESS) Frances Britton (daughter) Jackson Street, So. Kinloch

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 5/24/38

19. FUNERAL DIRECTOR (ADDRESS) Gates Funeral Home 4107 Finney Avenue

20. FILED MAY 23 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/17/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/13/38, 19, to 5/17/38, 19.

I last saw her alive on 5/17/38, 19. Death is said to have occurred on the date stated above, at 8:20 P.M.

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

Syphilitic Heart disease  
Lytic Aortitis = aortic insufficiency + congestive heart failure

Other contributory causes of importance: 24

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 L. M. Cronberg, M. D.

(Address) St. Louis County Hospital

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

James A. Johnson  
1107 Finney Avenue, St. Louis, Mi  
Licensed Embalmer No. 3522

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)