

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

23735
Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis, Mo. (d) Street No. Christian Hospital St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registration District No. 791
 Primary Registration District No. 1003

Registered No. 6429

2. PRINT FULL NAME Mrs. Emily Goessling

(a) Residence, No. 1219a Hebert St. St. 26
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF the late Aug. Goessling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 8 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housework
 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) Missouri

FATHER 13. NAME Simon Hanning

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

MOTHER 15. MAIDEN NAME Meta Heidorn

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

17. INFORMANT Mrs Millie McCormack
 (ADDRESS) 1219a Hebert St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE July-19-38

19. FUNERAL DIRECTOR (NAME) Hy. Leidner U. Co.
 (ADDRESS) 1417 N. Market St.

20. FILED JUL 18 1938 J. F. Bredeh Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17-38 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 2:05 PM.

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

Myocardial infarction (left)
Cholera endocarditis
General arteriosclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis? exam 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? no
 If so, specify.....
 (Signed) H. C. ... M. D.
 (Address) 5074 ...

WHITE PAPER PERMANENT RECORD

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.

REC'D AUG 12 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed John P. Buchholz

Licensed Embalmer No. 16714

P. O. Address 2223 Spring Ave

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.)

If this body is not embalmed, above space should be left blank.