

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 JUN 1939
DEC 1939

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

17137
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791

(b) Township..... Primary Registration District No. 1003

(c) ^{or} City St. Louis (d) Street No. City Hospital No. 1 Registered No. 4671
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

E. 2078

2. PRINT FULL NAME Marie Gogos

(a) Residence, No. 1808 Arsel St. 64 (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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11, 1938

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>70</u>	<u>6</u>	<u>11</u>	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. hwk

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) Austria 7

FATHER

13. NAME Joseph Parr 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary 7

MOTHER

15. MAIDEN NAME Unknown 9

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

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

18. BURIAL, CREMATION, OR REMOVAL Old S.S. Peter & Paul, May 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Held, rle
2331 S. Broadway

20. FILED MAY 23 1939 J. J. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/22/39 19

22. I HEREBY CERTIFY, That I attended deceased from 5/14/39 19 to 5/22/39 19.

I last saw h. her alive on 5/22/39 19. Death is said to have occurred on the date stated above, at 2.10 a

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

Cerebral thrombosis

hypertension

hypertensive heart disease

Other contributory causes of importance:

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) Edward J. Weir, M. D.
(Address) City Hospital No. 1

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.....

Frank J. Wyland Sr.

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Frank J. Wyland Sr.

Licensed Embalmer No.....

P. O. Address.....

*2645
St Louis Mo.*

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.