

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D AUG 11 1938

791
1008

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23970
State File No. _____
Registrar's No. 6243

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4313 Blair Avenue 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Since Birth
years, months or days)

3. (a) PRINT FULL NAME WILHELMINA GOESSMANN, 255

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles A. Goessmann 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased May 5 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79. 2. 8. hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home. 6

11. Industry or business At Home. 6

12. Name Gottlieb Winkelmann. 6

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carl A. Goessmann

(b) Address 4313 Blair Ave

17. (a) Burial (b) Date thereof July 15, 1938
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2161 East Fair Avenue

19. (a) JUL 14 1938
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4313 Blair Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1939 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from Dec. 30, 1937 to July 13, 1939
that I last saw her alive on July 12, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death General arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) [Signature]

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

39 Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature Henry C. Westerman, M.D.
Address 2136 East Grand Blvd Date signed 7/13/39

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

Leroy Hampton

Licensed Embalmer No.

2967

P. O. Address

2161 E. Fair

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.