

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

14390
Do not use this space.

FILED MAY 13 1940

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 28
 (b) Township St Joseph Primary Registration District No. 10001 Registered No. 481
 (c) City St Joseph (d) Street No. Boston Hospital St.
 (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.

2. PRINT FULL NAME

Ralph Goldsberry
 (a) Residence, No. 611 Augsburg St. (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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-7-1898
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 0 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plumber
 9. Industry or business in which work was done, as saw mill, bank, etc. Assistant
 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) Nebr City Nebr
 FATHER 13. NAME Geo. Goldsberry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frank Iowa
 MOTHER 15. MAIDEN NAME Blunck
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blunck Iowa
 17. INFORMANT (ADDRESS) J. H. Striegl 2925 Mitchell
 18. BURIAL, CREMATION, OR REMOVAL Nebr City Nebr DATE 4/27 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Striegl 2925 Mitchell
 20. FILED 4/27 1940 J. H. Striegl Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1940
 22. I HEREBY CERTIFY, That I attended deceased from ?, 1931, to April 25, 1940
 I last saw him alive on Apr 25, 1940. Death is said to have occurred on the date stated above, at 7:40 a m.
 The principal cause of death and related causes of importance were as follows:
 Uter "Quadruplet"
 34
 Other contributory causes of importance:
 Toxic Heart disease
 Name of operation in Date of X
 What test confirmed diagnosis? Aut Was there an autopsy? Yes
 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 Downstairs, M. D.
 (Signed) J. H. Striegl
 85 (Address) St Joseph Mo

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.

JUL 9 1953

8967

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 *J. L. D...*

Licensed Embalmer No. *1946*

P. O. Address *St. Joseph, 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.