

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

4470

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:
2500 S. 12th. St. 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 70 Yrs. (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Elizabeth Goessler 2463. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Female 5. Color or
race White6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife
Joseph Goessler6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased July 11 1851
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
88 10 8 hr. min.9. Birthplace Germany Germany
(City, town, or county) (State or foreign country)10. Usual occupation House Work11. Industry or business At Home12. Name Theo. Gross13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Anna Dorsheimer
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Frank Goessler(b) Address 2500 S. 12th. St.17. (a) Burial (b) Date thereof. 5-22-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New St. Marcus18. (a) Signature of funeral director M. Schumacher(b) Address 3013 Meramec St.19. MAY 20 1940 (b) J. B. Burdick
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2500 S. 12th. St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 70 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1940 hour 9 minute 45 P. M.21. I hereby certify that I attended the deceased from March 18
1940, to May 19, 1940;that I last saw her alive on May 19, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Coronary - Vascular Duration
Renal Disease 2

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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

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

(b) Date of occurrence _____

(c) 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 _____23. Signature Wm. F. Simon (M. D. or other)Address 1115 E. City St. St. Louis Date signed 5/20/40
Edm. Gr. 0078

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.....

Clarence Kochow

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clarence Kochow

Licensed Embalmer No. *3093*

P. O. Address *3013 Miranels*

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.