

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

35740
9013

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's 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 **4971 Bonita Ave**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no**
(Specify whether in this community **50 years**
years, months or days)

3. (a) PRINT FULL NAME **Adolph A. Gokenbach**

3. (b) If veteran, name war _____

3. (c) Social Security No. **490-03-4701A**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Jennie Kaufmann Gokenbach** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **May 7 1873**
(Month) (Day) (Year)

8. AGE: Years **67** Months **5** Days **24** If less than one day hr. _____ min. _____

9. Birthplace **New Orleans La**
(City, town, or county) (State or foreign country)

10. Usual occupation **Superintendent**

11. Industry or business **American Mfg. Co.**

12. Name **Christian Gokenbach**

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

14. Maiden name **Katherine Ackermann**

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

16. (a) Informant **Albert Gokenbach**

(b) Address **4971 Bonita Ave.**

17. (a) **Burial** (b) Date thereof: **Nov 4, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **John S. Ziegenheier**

(b) Address **7027 Gravois Ave.**

19. (a) **11-1-40** (b) **J. F. Budde**
(Date received local registrar) (Signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4971 Bonita Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **31** year **1940** hour **12:00** minute **Noon** M.

21. I hereby certify that I attended the deceased from **Oct 14** 19**40**, to **Oct 31** 19**40**
that I last saw him alive on **Oct 28** 19**40**
and that death occurred on the date and hour stated above.
Immediate cause of death **apoplexy**

Due to **myocarditis, Chronic**

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 statistically.

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 **Harren Heyenga** (M. D. or other)

Address **6639 St. Louis** Date signed **Nov 1, 1940**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No. 3877

P. O. Address 7027 Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.