S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4377 1773

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: St. Luke Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 H. (Specify whether In this community 1 HR years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County NR. 000 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. #17 Upper Ladue 9 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Goessling

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife xxxxxxxxxx

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 24 (Day) 1942 (Year)

8. AGE: Years xxx Months xxxxxx Days If less than one day 1 hr. 6 min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Paul H Goessling
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Virginia Hemenway
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant WM. D. Hemenway

(b) Address 200 S. Price Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of Funeral Director Harrigan & Sheahan Und Co

(b) Address 4416 Washington Blvd

19. (a) FEB 26 1942 (Date received local registrar) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25th year 1942 hour 9:10 Pm minute M.

21. I hereby certify that I attended the deceased from birth to death, 19 to 19; that I last saw her alive on 9:10 pm 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Asphyxiation	
Due to due atelectasis of lung & other congenital anomalies of heart,	
Due to Kidneys - etc	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Fibrosis of lungs - enlarged heart, liver & thymus. cystic kidneys	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Hugo Ehrenfest (M. D. or other)

Address 3726 Washington Date signed 2-25-42

(Licensed Embalmer's Statement on Reverse Side)

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. This body was not embalmed.

Signed Homer H. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

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, fact should be so stated above.