

FILED OCT 28 1942 318

Registration District No. ....

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Isolation Hospital  
(d) Length of stay: In hospital or institution From Oct. 14 to Oct. 17, 1942.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 12/11  
(d) Street No. 4217 E Cousin  
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME MABEL RUTH GOSS

3. (b) If veteran, name war. (c) Social Security No.

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

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

7. Birth date of deceased December 18, 1938

8. AGE: Years 3 Months 9 Days 29 If less than one day hr. min.

9. Birthplace St. Louis, Missouri

10. Usual occupation nil

11. Industry or business

MOTHER FATHER { 12. Name Junior Lee Goss  
13. Birthplace Greenwood, Mississippi  
14. Maiden name Mabel Russell  
15. Birthplace Greenwood, Mississippi

16. (a) Informant Edith V. Minor  
(b) Address 5600-Arsenal Street

17. (a) Burial (b) Date thereof 10-21-1942

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates  
(b) Address 4107 Finney Ave. St. Louis

19. (a) OCT 21 1942 (b) J. F. Bredek

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17, year 1942 hour 5:05 minute M.

21. I hereby certify that I attended the deceased from October 14, 1942 to Oct. 16, to October 17, 1942. that I last saw her alive on October 17, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis

Due to 9

Due to

Other conditions Nephritis, toxic? Bronchopneumonia

Major findings: Of operations

Of autopsy Nephritis; Bronchopneumonia

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?  
(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 P. M. Maxwell (M. D. or other) Address Isolation Hospital Date signed 10-18-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....  
..... James A. Johnson ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed *Donald A. Johnson* .....

Licensed Embalmer No. 3522 .....

P. O. Address 4107 Finney Ave. .....

**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.**