S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40407

State File No.

FILED JAN -8 1943

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 358

16
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County ~~Cape Girardeau~~ St. Louis
(c) City or town ~~Cape Girardeau~~ St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. ~~St Louis Mo.~~ 000
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 17
If yes, name country 1

3. (a) PRINT FULL NAME WILLIAM GOSSMANN
3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb. 22 (Month) (Day) 1866 (Year)

8. AGE: Years 76 Months 10 Days 6 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Maintainance Man
11. Industry or business Schools
FATHER
12. Name Ferdinand Gossmann
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Elizabeth Funk
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Rev. H. F. Schuermann
(b) Address Cape Girardeau Mo
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Dec 30-42 (Month) (Day) (Year)
Louis Mo (c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Walthers Und. Co.
(b) Address Cape Girardeau Mo.
19. (a) 12-28-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28
year 42 hour 8 minute 40 A.M.
21. I hereby certify that I attended the deceased from 2-2, 1941, to 12-28, 1942
that I last saw PH alive on 12-28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Ch
Due to Nephritis Ch
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

131 b

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 No
23. Signature A. Quilter (M. D. or other)
Address Cape Girardeau Mo Date signed 12/29/42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 143 - 1612

Date Filed 1 - 7 - 43

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. H. Hohler

Licensed Embalmer No. 1623

P. O. Address Cape Girardeau

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.