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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41917

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2687

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Nov. 14, 1942 (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1701 Park Avenue
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME George W. Gosnell

3. (b) If veteran, name war World War-1918

3. (c) Social Security No. 703-03-3062 remembered.

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Mildred

6. (c) Age ~~of husband~~ or wife if alive 32 years

7. Birth date of deceased March (Month) 27, (Day) 1899 (Year)

8. AGE: Years 43 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Grafton (City, town, or county) Illinois (State or foreign country) /

10. Usual occupation Druggist

11. Industry or business -

FATHER
12. Name William Gosnell
13. Birthplace (City, town, or county) Illinois (State or foreign country) /

MOTHER
14. Maiden name Edith H. Hole
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation PARK LAWN CEM.

18. (a) Signature of funeral director C. Hoffmeister Wh & Co.
(b) Address 7814 S. Broadway

19. (a) DEC 21 1942 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th, year 1942 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from November 14, 1942, to December 17, 1942 that I last saw him alive on December 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death General carcinomatosis with carcinoma of liver, left mediastinal glands, peri-duodenal and peri-pancreatic glands, primary lesion undetermined.

Due to

Other conditions none.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none.
Of autopsy Autopsy performed.

Duration unknown

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) no

(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 L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer Date signed 12/17/42

(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.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.