

7. S. No. 2
FORM-5-42
Rev. 5-17-39
I X32873

12166

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 3 1948
Registration District No.

Primary Registration District No. 1003

Registrar's No. 3883

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:
3629 Morganford Road
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... 22 years
 years, months or days)

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. 3620 Morganford
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Elisebeth Marie Gockel
 3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
 year 1943 hour 4 minute 30 P. M.
 21. I hereby certify that I attended the deceased from April 4
1943 to April 26, 1943
 that I last saw him alive on April 25, 1943
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife..... John H. Gockel 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... March 23, 1851
 (Month) (Day) (Year)

Immediate cause of death.....
of acute indigestion 3 weeks
food diff. culture
Due to Cholera 3 weeks
also partial Regurgitation 2 years

8. AGE: Years Months Days If less than one day
92 1 3 ..hr.min.

Other conditions..... (Include pregnancy within 3 months of death)
 Major findings: Of operations.....
 Of autopsy.....

9. Birthplace..... Reinhardtshausen, Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation..... At Home

11. Industry or business.....

12. Name..... Friederich Wollmert

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

14. Maiden name..... Katherina Ravensburg

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

16. (a) Informant..... Mrs. Henry C. Gockel

(b) Address..... 3629 Morganford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... Apr. 29, 1943
 (Month) (Day) (Year)
 (c) Place: burial or cremation..... Union Cemetery, Lincoln, Ill.

18. (a) Signature of funeral director..... Beiderwieden F. H. Inc

(b) Address..... 1936 St. Louis Avenue

19. (a) APR 27 1948 (Date received local registrar) J. F. Budek (Registrar's signature)

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..... Walter Prideman M.D. (M. D. or other)
 Address..... 3146 Morganford Date signed..... 4-26-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1-2 7-8 Pm

Dr. W. P. Erdman

3146 Morgan

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 Delit J. Krupin
Licensed Embalmer No. 3497
P. O. Address 1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fallure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.