V. S. No. 2
50M—5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15377

State File No. 0

FILED MAY 6 1943

Registration District No. 2017

Primary Registration District No. 6076

Registrar's No. 1019

96
0
0

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 36 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 92

(a) State Missouri (b) County 0

(c) City or town St. Charles 3
(If outside city or town limits, write "RURAL")

(d) Street No. 202 Clay
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gossow, Dr. August A.

3. (b) If veteran, name war WW-1

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Charlotte Gossow

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

7. Birth date of deceased Aug. (Month) 11 (Day) 1868 (Year)

8. AGE: Years 74 Months 8 Days 16 If less than one day hr. min.

9. Birthplace O'Fallon (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Physician

11. Industry or business

FATHER
12. Name Gustav Gossow
13. Birthplace (City, town, or county) Persia 8 (State or foreign country)

MOTHER
14. Maiden name Ida Koehl 8
15. Birthplace (City, town, or county) Alsace-Lorraine 8 (State or foreign country)

16. (a) Informant Government Records
(b) Address Vet. Adm. Fac., Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) APR 29 1943 (Date received local registrar) (b) C. G. McGaran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1943 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from 3-22-43, 19..., to 4-27-43, 19...;
that I last saw him alive on April 27, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive and coronary arteriosclerotic heart disease, mycardial damage and anginal

Due to syndrome

Due to

Other conditions cerebral arteriosclerosis with mental deterioration
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

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

94a

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 L. M. COCHRAN, M.D., (M.D. or other)
Address Chief Medical Officer. Date signed

per L. M.

(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 Henry M. Brammer

Licensed Embalmer No. 4200

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.