

FILED FEB 11 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1120**

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Luke's Hospital  
 (If not in hospital or institution, write street number or location) 1 Day  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 9 15  
 (d) Street No. 4508 Louisiana (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME William Gosebrink

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 498-09-4000

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Elizabeth Gosebrink 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 4 1866  
 (Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker Brown Co.

11. Industry or business \_\_\_\_\_

12. Name Frederick Gosebrink

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

14. Maiden name Unknown

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

16. (a) Informant Marie Gosebrink

(b) Address 4508 Louisiana

17. (a) Burial (b) Date thereof Feb. 7, 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wacker-Helders

(b) Address 3634 Gravois

19. (a) FEB 4 1944 (b) J. J. Prusich  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3  
 year 1944 hour 9 minute 50 a.m.

21. I hereby certify that I attended the deceased from 1-26 1944 to Feb 3 1944  
 that I last saw him alive on Feb 3 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Postoperative shock following cauley removal of carcinoma of hard palate, soft palate & nasopharynx  
 Duration \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations as above  
 Of autopsy aut done  
 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) \_\_\_\_\_  
 (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 Louis J. Prusich (M. D. or other) \_\_\_\_\_  
 Address 3720 Washington Date signed 7/3/44

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

84X

Jorstad

**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 Frank J. Deland

Licensed Embalmer No. 2645

P. O. Address St. Louis

**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.**