DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8979

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2443

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:
Alexian Brothers Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community 62-7-9

2. USUAL RESIDENCE OF DECEASED: 00 13 15

(a) State Missouri (b) County

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

(d) Street No. 4445 Nebraska
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No 0 years.

3. (a) PRINT FULL NAME Fred Hy. Gokenbach

3. (b) If veteran, name war

3. (c) Social Security No. 488-07-9533

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

6. (b) Name of husband or wife Josephine

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

7. Birth date of deceased August (Month) 3 (Day) 1881 (Year)

8. AGE: Years 62 | Months 7 | Days 9 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Hinge Factory

FATHER
12. Name Christian Gokenbach
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Ackermann
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm. Gokenbach
(b) Address 4445 Nebraska

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
Mr. Schumacher

18. (a) Signature of funeral director
(b) Address 3013 Meramec

19. (a) MAR 15 1944 (Date received local registrar) (b) F. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1944 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from October 10 1943 to March 12 1944 that I last saw him alive on March 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Stomach	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Albert Deisbarth (M. D. or other) M.D.
Address 3606 Gravois Ave. Date signed 3-13-44

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.