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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19733

FILED JUL 8 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5928

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

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

(d) Street No. 3306 Oxford NR
(If rural, give location)

(e) Citizen of foreign country? 1 No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Bertha Goll

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

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

6. (b) Name of husband or wife Charles J. Goll

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased May 30, 1861
(Month) (Day) (Year)

8. AGE: Years 83 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Stillwater, Minn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

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

MOTHER
14. Maiden name Lena La Roche
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lena May Goll
(b) Address 105 Jefferson

17. (a) Burial (b) Date thereof July 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cemetary

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) JUL 3 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1944 hour 12 minute 45 A M.

21. I hereby certify that I attended the deceased from May 7, 1944 to July 1, 1944
that I last saw her alive on July 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriolar NEPHROSCLEROSIS

Due to —

Due to —

131a

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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) —

(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 0

23. Signature Vincent Hornsmeyer (M. D. or other) MD

Address 3101a Sutton Ave Maplewood Mo Date signed 7.2.44

(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 3454

..... Registered Apprentice No.....

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

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.