

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 20 1946
STANDARD CERTIFICATE OF DEATH
1003

7470
State File No. _____
Registrar's No. 1332

Registration District No. 318 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
3663 Lierman St
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether 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. 3663 Lierman St
(If rural, give location)

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

3. (a) PRINT FULL NAME ANTHONY GOGEL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amanda Gogel 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 7th 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 70 If less than one day _____ hr. _____ min.

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

10. Usual occupation Boiler Maker

11. Industry or business _____

MOTHER FATHER { 12. Name Frederich Gogel

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

14. Maiden name Frances Thein

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

16. (a) Informant Amanda Gogel

(b) Address 3663 Lierman St

17. (a) Burial (b) Date thereof Feb 11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. F. Budeck
(City, town, or county) (State or foreign country)

(b) Address 2906 Gravois Ave

19. (a) FEB 8 1946 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8th
year 1946 hour 6 45 A.M. M.

21. I hereby certify that I attended the deceased from Jan 23 1945 to Feb 8 1946
that I last saw him alive on Feb 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis Hypertension

Due to _____

Due to _____

Other conditions 12/21
(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) _____

(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 Dr. E. Maeller (M. D. _____)
Address 3527 Jefferson Av Date signed 2/8/46

Dr. Maeller 3500 S. Jefferson (Licensed Embalmer's Statement on Reverse Side)

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

6420

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 David Van Tassan

Licensed Embalmer No. 4242

P. O. Address 2906 Beverly

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.