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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 7476

FILED FEB 13 1946

Registration District No. 3113 Primary Registration District No. 1003 Registrar's No. 1156

**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:
#9 Ambert Court
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County 121

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. #9 Ambert Court 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lizzie Goss

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Julius Goss

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

7. Birth date of deceased Feb. (Month) 21 (Day) 1868 (Year)

8. AGE: Years 77 Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name WESLEY HOFFMAN
13. Birthplace OHIO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Julia Brady
(b) Address #9 Ambert Court

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Parks

18. (a) Signature of funeral director Lawrence Muller Und.
(b) Address 5165 Delmar Blvd

19. (a) FEB 4 1946 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day second year 1946 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 26, 1946, to Feb 2, 1946, that I last saw her alive on Feb 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebro-vascular hemorrhage — 4 wk
Due to
Arteriosclerosis — years
Due to
Hypertension — years
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)
(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) Means of injury

23. Signature Leon J. Beam (M. D. or other)
Address 8029 Forsyth Blvd Date signed Feb 2, 1946

(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 H. G. Farris

Licensed Embalmer No. 3384

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.**