V. S. No. 2
0M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 23 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22256

Registrar's No. 5752

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: St. Anthonys 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MO

(c) City or town St. Louis, Missouri. (If outside city or town limits, write "RURAL") 12

(d) Street No. 4396 Lindell Blvd., (If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No) 19 0

If yes, name country

3. (a) PRINT FULL NAME ROMAN MICHOLAI GOSLEE.

3. (b) If veteran, name war None.

3. (c) Social Security No. 494-07-9718

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Blanche G. Goslee.

6. (c) Age of husband or wife if alive 58. years

7. Birth date of deceased April 22, 1877. (Month) (Day) (Year)

8. AGE: Years 70. Months 1. Days 18. If less than one day hr. min.

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

10. Usual occupation Book-keeper.

11. Industry or business Bolz Dredging Co.,

FATHER
12. Name Dr Levin Goslee.
13. Birthplace Campbell, Kentucky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary V. Browinski.
15. Birthplace Louisville, Kentucky. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Blanche G. Goslee.
(b) Address 4396 Lindell Blv'd.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Savahah, Tenn.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) JUN 11 1947 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1947 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from Nov 22, 1944 to June 10, 1947 that I last saw him alive on June 10, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	4 days
Myocarditis Chr	?
Due to Arteriosclerosis	?
Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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PHYSICIAN

Underline the cause of 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 Robert E Warner (M. D. or other) MD

Address Paul Brown Bldg St. Louis MO Date signed June 11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. M. A. Warner
Paul Brown Bldg.
CH 4747
1 P.M.

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 Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.