No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1947

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 30415

Registrar's No. 1106

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: State Hospital No 2 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 mo 2 days (Specify whether years, months or days)

In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

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

(d) Street No. 2709 Penn
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Audra Gerald Gomel

3. (b) If veteran, name war NW

3. (c) Social Security No. 483-09-2049

4. Sex male O

5. Color or race white

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

6. (b) Name of husband or wife Nellie Gomel

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

7. Birth date of deceased Aug. (Month) 18 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	0	22	hr. min.

9. Birthplace Holt County (City, town, or county) Mo (State or foreign country)

10. Usual occupation Labour - Police Force

11. Industry or business Armour & Co

FATHER
12. Name William Henry Gomel
13. Birthplace Wick (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Anna Loraine Simms
15. Birthplace Wick (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Nellie Gomel, wife

(b) Address 2709 Penn St Joseph Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof Sept 12-47 (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Stanley Funeral Home

(b) Address St Joseph Mo

19. (a) 9-15-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1947 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug 23, 1947, to Sept 10, 1947 that I last saw him alive on Sept 10, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Psychosis syphilitic meningo encephalitis

Due to

Other conditions
(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

23. Signature Forrest Thomas (M. D. or other)

Address St Joseph Mo Date signed 9/10 47

(Licensed Embalmer's Statement on Reverse Side) To State Hospital No 2

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 Charles M. Harman, Registered Apprentice No. 450, working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph, 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.