FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3441

FILED JAN 21 1948

Registration District No. 347

Primary Registration District No. 6076

Registrar's No. 107

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. 7 Box 539 Overland Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Overland R. R. 7 Box 539
(If outside city or town limits, write "RURAL")
(d) Street No. Wright Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William S. Gosnell
3. (b) If veteran, name war Nome
3. (c) Social Security No. 702 12 6810
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edith Hole
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May 16, 1868
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	5	26	..... hr. ..... min.

9. Birthplace White Hall Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation Rail Road Engineer
11. Industry or business
12. Name George Gosnell
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Isreal
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Wanda Daischer
(b) Address R. R. 7 Box 539 Overland Mo.
17. (a) Burial (b) Date thereof 1)15)47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery
18. (a) Signature of funeral director Colliers Funeral Home
(b) Address 10123 St. Charles Rd.
19. (a) 1-14-48 (b) Carla J. Sharp MD
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1948 hour 4 minute 50 P.M.
21. I hereby certify that I attended the deceased from Feb. 2, 1947, to Jan 12, 1948
that I last saw him alive on Dec. 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Cardio-Vascular-Renal Disease	2 yrs
Due to —	
Due to —	
Other conditions none (Include pregnancy within 3 months of death)	

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Major findings:
Of operations none
Of autopsy none

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 —
23. Signature Leon C. Haile (M. D. ~~or other~~)
Address 1504 So. Grand Blvd. Date signed 1-13-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FEB 4

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas. Rd.

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.

NO FEE ENCLOSED
FEB 20 1948

Collier's Funeral Home

Incorporated

FUNERAL DIRECTORS

10123 ST. CHARLES ROAD

ST. LOUIS COUNTY 14, MO.

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Feb. 19, 1948

State Registrar
Jefferson City, Mo.
Dear Sir,

This is to certify that i made a mistake on the death certificate of William S. Gosnell who died Jan. 12, 1948, I put on the certificate the date of death and burial was 1947 instead of 1948.
Place of death was Rt. 7, Box 539 Overland (14) Mo.

Yours Truly
Shelton C. Collier
Colliers Funeral Home
10123 St. Charles Rd.
Overland (14) Mo.

Subscribed and sworn to before me, a Notary Public for the County of St. Louis, State of Missouri, this 19th day of February, 1948.

Della J. Sucher
Notary Public

My commission expires: April 2, 1949.

1948
S-3441