

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

Primary Registration District No.

State File No.

Registrar's No.

24317

6922

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(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:
3004 Keokuk St.
(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)

3. (a) PRINT FULL NAME Erna Gogue
3. (b) If veteran, name war.....
3. (c) Social Security No.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wayne
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Nov. 8 1914
(Month) (Day) (Year)

8. AGE: Years 33 Months 8 Days 27
If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name John Bork
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Marie Bayer
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Wayne Gogue
(b) Address 3004 Keokuk St.
17. (a) Burial (b) Date thereof 8-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.
19. (a) AUG 6 - 1948 (b) J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis Mo. 19
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3004 Keokuk St.
(If rural, give location)
(e) 24 Citizen of foreign country? (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
year 1948 hour 5 minute A M.
21. I hereby certify that I attended the deceased from January 14
1948 to August 4 1948
that I last saw her alive on August 4th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death general carcinoma
Duration 1 year
Due to carcinoma of cervix
Due to HO
Other conditions (Include pregnancy within 3 months of death) HO

Major findings: carcinoma of cervix
Of operations HO
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 Hermann Maas (M. D. or other) MD
Address 508 No. Grand Ave Date signed 8-6-48

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

Dr. Maas

508. N Grand

Room 827 - 2-4 PM

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.....

Robert M. Murray

Licensed Embalmer No. *3749*

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.