

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6987**

9600

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **00240**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 76	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gardenville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gardenville	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4711 Heidelberg Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4711 Heidelberg Ave.		d. STREET ADDRESS (If rural, give location) 4711 Heidelberg Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) EMMA		b. (Middle) M.	
c. (Last) GOSS		4. DATE OF DEATH (Month) (Day) (Year) Feb. 3 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 8, 1871
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 0 Days 25	IF UNDER 1 WEEK Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Philip Geisel		13b. MOTHER'S MAIDEN NAME Mary Wise	
14. NAME OF HUSBAND OR WIFE Late Elmer Goss		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Olive Konnerth 4711 Heidelberg	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. (DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerotic Gen. DUE TO (c) 83a II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 531X 20	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Jan 31, 1948 , to Feb 3, 1949 , that I last saw the deceased alive on Feb 3, 1949 , and that death occurred at 8:45 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Carl C. Smeal, M.D.		23b. ADDRESS 11 Webster Groves Mo	
23c. DATE SIGNED 2-4-49		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb. 7, 1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl	
DATE REC'D BY LOCAL REG. 2-5-49		REGISTRAR'S SIGNATURE Frank L. ...	

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Carl Struck 1-1-11
217 E. Jackson

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Richard W. Stovesand

Signed _____
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address _____

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.