

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19238

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Warren County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give town) Warrenton		c. CITY (If outside corporate limits, write RURAL and give township) Warrenton	
c. LENGTH OF STAY (In this place) 5 yrs		1090	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katy Jane Memorial Home		d. STREET ADDRESS (If rural, give location) Warrenton	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Louise			b. (Month) May		
b. (Middle)			c. (Day) 13		
c. (Last) Gossler			d. (Year) 1951		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 13 1863	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Carl Koelling	13b. MOTHER'S MAIDEN NAME Louise Borgmann	14. NAME OF HUSBAND OR WIFE John Gossler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Kenneth Ruth Warrenton Mo
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis with		INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES late congestive failure		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized Rheumatoid arthritis		
DUE TO (b) Sentinel		
DUE TO (c)		
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 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 **6-9-1948**, to **May 13, 1951**, that I last saw the deceased alive on **May 13, 1951**, and that death occurred at **6:52 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Harold H. H. H. H. (Degree or title)	23b. ADDRESS Warrenton Mo	23c. DATE SIGNED 5-17-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 15 1951	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) St Charles Mo.		(State)

DATE REC'D BY LOCAL REG. 5-18-51	REGISTRAR'S SIGNATURE Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE Wickham & Sons Inc.	ADDRESS St Charles Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 7 1951

RECEIVED

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3155

P. O. Address St Charles 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.