Dept. Health, Duc., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

STATE FILE NUMBER 47544

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12069

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis,Mo. — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 14 Jewish Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN: ~~St.Louis~~ 4561 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 27 7500 Lansdowne — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ZACK Middle Last GOSSAUX

4. DATE OF DEATH Month Dec. Day 9th Year 1957

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☒

8. DATE OF BIRTH: May 1, 1884

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Brussells, Belgium

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Eugene Gossaux

13b. MOTHER'S MAIDEN NAME: Mary Michel

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Eugene Gossaux Address: 7500 Lansdowne Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 d
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) gastro-bronchial fistula — 3 d
DUE TO (c) Carcinoma of Esophagus — 6 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Post-op intrathoracic stomach

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 150 X

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ **NOT WHILE AT WORK** ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1957 to 12/9/57 and last saw her/him alive on 12/9/57
Death occurred at 8:32 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Martin Bergmann (Degree or title) M.D.

22b. ADDRESS 4500 Olive

22c. DATE SIGNED 12/13/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12-10-57

23c. NAME OF CEMETERY OR CREMATORY:

23d. LOCATION (City, town, or county) (State): Edwardsville, Illinois

24. FUNERAL DIRECTOR ADDRESS: Straube Funeral Home Edwardsville, Ill.

25. DATE RECD. BY LOCAL REG.: DEC 16 '57

26. REGISTRAR'S SIGNATURE: J. Carl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

The specific number required by 193.140 RSMo 1949.

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 .....
Signature of Student Embalmer

Signed ....Homer W. Fritz....

Licensed Embalmer No. 3882

P. O. Address ....St. Louis....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.