

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2957

State File No. ....

318

1003

Registrar's No. 829

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) 38 HOSPITAL OR INSTRUCTION En Route to City Hosp.		e. STREET ADDRESS (If rural, give location) 20710 5312 Geraldine			

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) I. c. (Last) Goessling			4. DATE OF DEATH (Month) (Day) (Year) 1-22-58		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 13, 1888		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day watchman		10b. KIND OF BUSINESS OR INDUSTRY Valley Shoe Co		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo				12. CITIZEN OF WHAT COUNTRY? USA			
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13a. FATHER'S NAME Henry Goessling			13b. MOTHER'S MAIDEN NAME Bertha Sherieff			14. NAME OF HUSBAND OR WIFE Edna M. Baldwin Goessling					
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 489-09-9058		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Goessling 5312 Geraldine							
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emboli & Coronary Occlusion & Infarction sudden ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Calcified Redundant Aorta & Aortic Chv DUE TO (c) Generalized Arteriosclerosis Chv II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis Chv								INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION J 420.1						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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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)			
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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?			
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22. I hereby certify that I attended the deceased from Jan 19, 1958, to 1/12, 1958, that I last saw the deceased alive on 1/12, 1958, and that death occurred at 8:30A.M., from the causes and on the date stated above.

22a. SIGNATURE Thomas H. St. John, M.D.				22b. ADDRESS 508 N. Grand Bl. House 3. Mo.				22c. DATE SIGNED 1/23/58			
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-25-58		24c. NAME OF CEMETERY OR CREMATORY Galvary				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
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DATE REC'D BY LOCAL REG. JAN 23 58		REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros 2201 S. Grand Blvd.,					
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Dr T. H. ...  
...  
183.*

**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 *V. E. Morris*.....

Licensed Embalmer No. *336*

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.