Health, & Welfare Public Service

5. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-034262

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8385

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. John's Hosp. — Length of stay in 1b: 23

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. — b. COUNTY: St. Louis
c. CITY OR TOWN: University City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 7041 Forsythe — Reside on Farm Yes ☐ No ☐

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3. NAME OF DECEASED (Type or print): First: LEONA — Middle: B. — Last: GOSIGER

4. DATE OF DEATH: Month: Aug. — Day: 29 — Year: 1958

5. SEX: Female

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: June 4, 1879

9. AGE (In years last birthday): 79 — 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): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Cinn., Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Bernard Brockman

13b. MOTHER'S MAIDEN NAME: Elizabeth Ropke

14. NAME OF HUSBAND OR WIFE: Late Paul A. Gosiger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give inclusive dates of service): No — None

16. SOCIAL SECURITY NO.: —

17. INFORMANT: William Cramer — Address: 7100 Lindell Blvd.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c): 332xF
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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.) Wed fracture of hip x signed Rx. 2 hip — Date of injury 8-6-58 with permission of Coroners Office.

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year: 8-6-58

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.): 27 Home

20f. CITY, TOWN, OR LOCATION — **COUNTY** — **STATE**

21. I attended the deceased from 8-7-58, to 8-29-58 and last saw her/him alive on 8-28-58. Death occurred at 1:10 A.m. on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D. — **22b. ADDRESS**: [illegible] — **22c. DATE SIGNED**: 8-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE**: Sep. 1, 1958 — **23c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery — **23d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: Kriegshauser — **ADDRESS**: 4228 S. Kingshighway

25. DATE RECD. BY LOCAL REG.: AUG 29 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 Richard W. Storrsand

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

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