

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

4332

1. PLACE OF DEATH

County.....
Towship.....
City..... *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*

File No.
Registered No. *961*
St. Ward)

2. FULL NAME

Gustava Gocke
(a) Residence. No. *Dixon, Mo.* St. *12* Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of *Agnes Gocke*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 1 1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 3 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Farmer*
(b) General nature of industry, business, or establishment in which employed (or employer) *Farmer*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Jerseyville*
(STATE OR COUNTRY) *Ill*

10. NAME OF FATHER *Gustava A Gocke*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Elyzabeth Gockers*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

14. INFORMANT *Edward Gocke*
(Address) *221 Chestnut*

15. FILED *21 15:29* *Max C. Starck*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *January 20 1929*

17. I HEREBY CERTIFY, That I attended deceased from *12/3/28* to *1/20/29*, 19... that I last saw him alive on *1/20/29*, 19... and that death occurred, on the date stated above, at *6:45 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Lungs
49 (duration) *three* yrs. mos. da.
CONTRIBUTORY (SECONDARY) *49* (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *X-ray*

(Signed) *Dr. Hatter R. Peterson M.D.*

, 19 (Address) *Frisco Hosp*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Dixon Mo* DATE OF BURIAL *Jan 22 1929*

20. UNDERTAKER *Narrigan-Sheahan Co* ADDRESS *Washington*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PARENT, WITH ON-BOARD INHERITANCE IS A PERMANENT RECORD

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