

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1937

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

Do not use this space.

7854

1. PLACE OF DEATH

County St Charles Registration District No. 757
 Township St Charles Primary Registration District No. 3036
 City St Charles (No. 1810, Watson) St. _____ Ward _____

File No. _____
 Registered No. 79

2. FULL NAME

Benjamin Geret Gossow
 (s) Residence, No. St Charles Mo St. _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 OF (OR) WIFE OF Marie Louise Maerckel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30th 1896
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 3 8
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor of Medicine
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

13. NAME Dr. A. A. Gossow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Fallon Mo

15. MAIDEN NAME Charlotte Geret

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

17. INFORMANT Mrs B Geret Gossow (ADDRESS) St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters Cem. DATE Feb 11th 1937

19. UNDERTAKER H. C. Dallymer & Sons Co (ADDRESS) 800 N. 2nd St Charles Mo

20. FILED 2/18/37 19 Charles H. Rosen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jas. 25th 1926, to Feb 8th 1937, 1937
 I last saw him alive on Feb 8th 1937. Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:

Right lower lobe Pneumonia Date of onset _____
Type III
108
 Other contributory causes of importance: long illness with hemorrhage

Name of operation _____ Date of _____
 What test confirmed diagnosis? Sputum Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Verminous A. Schneider M. D.
 (Signed) _____ (Address) 124 S. Mason St. Charles Mo
Pub.

801

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County St. Charles

Registration District No. 757

File No. _____

Township _____

Primary Registration District No. 3036

Registered No. 7834

City St. Charles (No. _____)

St. _____

Ward _____

2. FULL NAME

Benjamin Geret Gosson

(a) Residence, No. _____ St. _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>40</u>	<u>3</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 5/1/37 19 Blount S. Mosser Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

Other contributory causes of importance:

lung abscess w/ h. hem. cough not tuberculosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Vincent A. Schneider M. D.

(Address) St. Charles Mo

4582-5