REC'D APR 11 1938

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

8994
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 2583

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. Lutheran Hospital 2640 Potomac St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Baby Boy Goessling 245
(a) Residence, No. 4133a Shaw St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
Stillborn			

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) St. Louis, (STATE OR COUNTRY) Missouri 0

FATHER
13. NAME August Goessling 0
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Edith Jost
16. BIRTHPLACE (CITY OR TOWN) Bourbon (STATE OR COUNTRY) Missouri

17. INFORMANT August Goessling
(ADDRESS) 4133a Shaw

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem Cem DATE March 18, 1938

19. FUNERAL DIRECTOR Beiderwieden Funeral Home
(ADDRESS) 1936 St. Louis Ave

20. FILED MAR 18 1938 J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1938, to Mar 17, 1938
I last saw h... alive on Stillborn, 1938 Death is said to have occurred on the date stated above, at 10:38 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	

Other contributory causes of importance:

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) Jno Weber, M. D.
(Address) 2840 California Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH INK

1 X12004

Dr. Rabel
1840a Calif

STATEMENT BY LICENSED EMBALMER

I, Not embalmed, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)