

JUN 12 1939

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

16792
Do not use this space.

4326

1. PLACE OF DEATH

(a) County 2 Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City or City (d) Street No. 5503 Plover Ave 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ELIZABETH J. GOCKEL

(a) Residence, No. 5503 PLOVER AVE St. 7 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF WILLIAM GOCKEL (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 10, 1875		
7. AGE	YEARS 63	MONTHS 10
	DAYS 27	IF LESS than 1 day, hrs. or min.
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. HOUSEWIFE	
	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) ST. LOUIS, MO.		
FATHER	13. NAME BERNARD ISRAEL	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY	
MOTHER	15. MAIDEN NAME CHRISTINA KOTTEHSTETTER	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY	
17. INFORMANT WILLIAM GOCKEL - (ADDRESS) 5503 PLOVER AVE		
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY DATE MAY 10, 1939		
19. FUNERAL DIRECTOR (NAME) <u>Proghart & Coakley</u> (ADDRESS) <u>2228 N. Down Ave</u>		
20. FILED <u>MAY 9 1939</u> <u>J. B. Pugh</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to May 7, 1939.
 I last saw him alive on May 7, 1939. Death is said to have occurred on the date stated above, at U.S.A. m.
 The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
arteriosclerosis with hypertension
 Date of onset 5/6/39
 2/1/38

Other contributory causes of importance:
arteriosclerosis with hypertension

Name of operation none Date of X
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

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

Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify William T. Hirsch, M. D.
 (Signed) W. Hirsch
 (Address) 3500 N. Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X1695

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.....

Charles Goodhart

....., Registered Apprentice No.

working under my personal supervision.

Signed *Charles Goodhart*

Licensed Embalmer No. *2777*

P. O. Address *Flowers Me*

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 this body is not embalmed, above space should be left blank.