DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8614

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2097

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1156a Hamilton Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 5 (If outside city or town limits, write "RURAL")

(d) Street No. 1156a Hamilton Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JERE S. GOSSOM.

3. (b) If veteran, name war None

3. (c) Social Security No. 495-14-8180

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marguerite Gossom.

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased April 10, 1908. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
31	10	18	hr. min.

9. Birthplace St. Louis County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Associated Transports Inc.

FATHER
12. Name James H. Gossom.
13. Birthplace Farmington, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alvina T. Ern.
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Marguerite Gossom.

(b) Address 1156a Hamilton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-1940. (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) MAR 1 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th year 1940 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from 10/1/39, 19__, to 2/28/40, 19__; that I last saw him alive on 2/28/40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
endocarditis	?
myocarditis	
Due to rheumatic fever	1 yr ?
caused by rheumatic fever	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

56

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas C Bridges (M. D. or other)

Address 4660 Maryland Ave Date signed 3/1/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

MARGIN RESERVED FOR BINDING

Rev. 5-17-39 I X19511

4660 Transplanted
3x50

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 Leonard W Kraegu, Registered Apprentice No. ....., working under my personal supervision.

Signed Leonard W Kraegu

Licensed Embalmer No. 2678

P. O. Address St Louis Mo.

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.