

AUG 25 1940
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6440

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 4718 Michigan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 40 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4718 Michigan Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
year 1940 hour 12 minute 20 A. M.
21. I hereby certify that I attended the deceased from June 19
1940 to July 29, 1940
that I last saw her alive on July 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Endo-Carditis
Due to: Carbuncle-Scarcina of
Due to: uterus

Other conditions (Include pregnancy within 3 months of death)
Major findings: Large cauliflower
malignant growth
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mrs. Emma Gockel 240

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-03-7249

4. Sex Female 6. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Gockel 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased: August 26th, 1899
(Month) (Day) (Year)

8. AGE: Years 40 Months 11 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Bookkeeper

11. Industry or business Baker Supplies

MOTHER FATHER { 12. Name Michael Groezinger
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Marie
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Gockel

(b) Address 4718 Michigan Avenue

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew Cemetery

18. (a) Signature of funeral director Reiderwieden Funl Home

(b) Address 1936 St. Louis Avenue

19. (a) JUL 31 1940 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

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? _____

NC While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Bredenk (M. D. or other) _____
Address 2402 St. Louis Avenue Date signed 7-29-40

Dr. J. J. Linski
3550 Russell

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Felix J. Krupnik
Licensed Embalmer No. 3497
P. O. Address 1936 St. Louis Ave

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.