

No. 2  
-11-19-28  
5-17-33  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Re 11 20

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8228

State File No. \_\_\_\_\_

MAR 19 1941 784

Registration District No. \_\_\_\_\_

Primary Registration District No. 117

Registrar's No. 538

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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)

3. (a) PRINT FULL NAME Ernest E. Gossling

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lettie R. Gossling 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 22 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 8 20 hr. \_\_\_\_\_ min.

9. Birthplace Walton on Thames 4 England  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business U. S. Rubber

MOTHER FATHER { 12. Name Unk.

13. Birthplace 4 England  
(City, town, or county) (State or foreign country)

14. Maiden name Unk.

15. Birthplace 4 England  
(City, town, or county) (State or foreign country)

16. (a) Informant Lettie Gossling

(b) Address 600 Clairevoix Pl.

17. (a) Burial (b) Date thereof 3-14-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Mittelberg Funeral Home

(b) Address Webster Groves, Mo.

19. (a) MAR 13 1941 (b) R. A. K... M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 06  
(c) City or town Webster Groves 7  
(If outside city or town limits, write "RURAL")  
(d) Street No. 600 Clairevoix Pl. 4  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 37 years 0 years

1941 MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1940 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 23  
1933 to Mar 12, 1941;  
that I last saw him alive on Mar 12, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pulmonary Tuberculosis 8 yrs  
Duration

Due to 13 1/2

Other conditions Senile Myocarditis

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 R. A. K... M.D. (If D. or other) \_\_\_\_\_

Address 3606 Edwards Date signed 3-13-41

**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 Guy W Wilkins  
Licensed Embalmer No. 2575-

P. O. Address.....

**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.**