No. 2
1-4-41
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X28330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22796

Registration District No. FILED JUL 7 1941 Primary Registration District No. 500 Registrar's No. 1210

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

1. PLACE OF DEATH

(a) County St. Louis County

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 5/29/41. (Specify whether

In this community unknown. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 12 (If outside city or town limits, write "RURAL")

(d) Street No. 4552 Athlone Avenue (If rural, give location)

(e) Citizen of foreign country? - No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Robert F. Goessling

3. (b) If veteran, name war World War

3. (c) Social Security No. Yes - not remembered

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Adeline M Goessling nee Murphy

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Jan. 15, 1892 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	4	22	hr. min.

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

10. Usual occupation Cost Accountant

11. Industry or business

FATHER
12. Name Robert Goessling
13. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

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

16. (a) Informant [illegible]

(b) Address Government Records, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/41 (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN - 9 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th year 1941 hour 12:40 minute p. M.

21. I hereby certify that I attended the deceased from May 29, 1941 to June 7th, 1941 that I last saw him alive on June 7th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Mesodermogenic neurosyphilis, severe. — Duration Unknown

Due to 3 OE

Due to -

Other conditions Acute bronchitis, severe. (Include pregnancy within 3 months of death) — About 7 days

Major findings: Of operations -

Of autopsy No 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) no

(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? [illegible] (e) Means of injury

23. Signature R. W. GOOD, M.D. (M. D. or other)

Address Acting Chief Medical Officer. 6/7/41

(Licensed Embalmer's Statement on Reverse Side)

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 Leonard Hampton

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.