S. No. 2
—9-4-41
5-17-39
I X29484.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4230

FILED MAR 23 1943

Registration District No. 2343 Primary Registration District No. 1003

Registrar's No. 1630

1. PLACE OF DEATH:
(a) County ##########
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7045 W. Park Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County .....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3647A Gascanade Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louise Gossel

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

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased Dec. 13th, 1876 (Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation None

11. Industry or business .....

FATHER
12. Name Chas. F. Gossel
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Louise Wallenbroock
15. Birthplace Augusta, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Miss Amelia Gossel
(b) Address 7045 W. Park Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20th (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 N. Kingshighway

19. (a) FEB (Date received local registrar) 1943 (b) J. R. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18th year 1943 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 2/15/43 19..., to 2/18 1943
that I last saw he alive on 2/15/43 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary ~~thrombosis~~ occlusion — Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

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? ..... Means of injury .....

23. Signature P. G. MOSKOP, P. G. Moskop (M. D. ~~another~~)
Address 3554 VICTOR ST. Date signed 2/18/43

(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 Guy W. Wilkinson

Licensed Embalmer No. 3525

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, fact should be so stated above.