

**FILED DEC 31 1945**

Primary Registration District No. **1003**

Registrar's No. **10456**

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

**1. PLACE OF DEATH:**

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:  
Firmin Desloge Hospital  
(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** Vera G. Goss

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert J. Goss 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 17, 1892  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
53	5	13	hr. _____ min.

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

10. Usual occupation Housewife

**MOTHER** { 11. Industry or business \_\_\_\_\_

**FATHER** { 12. Name (Unknown) Weinel

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Albert J. Goss

(b) Address 4919 Natural Bridge

17. (a) Burial (b) Date thereof 12/3/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

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

(b) Address 6322 S. Grand Blvd.

19. (a) DEC 3 1945 (b) J. F. Brubaker  
(Date received by registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4919 Natural Bridge  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 30, year 1945 hour 2 p.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased Nov. 28, 1945 to Nov. 30, 1945

that I last saw her alive on Nov 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor  
Post-operative Hemorrhage

Due to non-malignant

Other conditions 56  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: Brain Tumor

Of operations \_\_\_\_\_

Of autopsy P.O. Hemorrhage

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? \_\_\_\_\_

23. Signature Eugene T. Dmuysh (M. D. or other) MD

Address 1325 S. Grand Ave. Date signed 12-7-45

MAR 29 1948

**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 J. Wm. Binsley  
Licensed Embalmer No. 3633  
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, fact should be so stated above.**