

S. No. 2  
M-5-43  
5-17-39  
I X3667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **377351**  
Registrar's No. **77**

FILED NOV 20 1947  
Registration District No. **2**

Primary Registration District No. **5187**

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

1. PLACE OF DEATH:  
(a) County **Cape Girardeau**  
(b) City or town **Cape Girardeau**  
(c) Name of hospital or institution: **Family Home Rural**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
In this community **27 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Thomas Ernest Gost**  
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 **2**  
6. (b) Name of husband or wife **—** 6. (c) Age of husband or wife if alive **—** years  
7. Birth date of deceased **June 10 - 1874**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **4** Days **20** If less than one day hr. min.

9. Birthplace **Harmony Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **None**

MOTHER FATHER { 12. Name **Ernest Gost** 4  
13. Birthplace **Germany** 4  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Angie Holmes**  
15. Birthplace **Ireland** 4  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Gost**  
(b) Address **Cape Girardeau**

17. (a) **Burial** (b) Date thereof **11-6-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Simeon Cemetery**

18. (a) Signature of funeral director **J. S. Howell**  
(b) Address **Cape Girardeau**

19. (a) **11-12-47** (b) **D. G. Stobbs**  
(Date received local registrar) (Registrar's signature) **113**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Cape** 16  
(c) City or town **Harmony Mo** 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural** **Hubble**  
(If rural, give location) **Yarn**  
(e) Citizen of foreign country? (Yes or No) **0**  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **4**  
year **1947** hour **3** min. minute M.  
21. I hereby certify that I attended the deceased from **Jan 10 1946**  
**Oct 5 1947**  
that I last saw him alive on **Oct 4** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**  
**high arterial**  
**tension**  
Due to **—**  
Due to **—**

Duration **8009** months

Other conditions (Include pregnancy within 3 months of death)  
Major findings: **G3A**  
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?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **W. W. Dewar** (M. D. or other) **MD**  
Address **Alleenville Mo** Date signed **11-17-47**

RECEIVED

District Health Officer No. 4

District File Number 1142-Sub 45-7

Date Filed 11-19-42

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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 E. H. Estes

Licensed Embalmer No. 3568

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.