

FILED JUN 21 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

20895

Registrar's No. 5335

1. PLACE OF DEATH:

- (a) County.....
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Deaconess Hosp. 0
 (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 Charles J. Goll

3. (b) If veteran,

3. (c) Social Security No.

name war.....

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Mary Bertha
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased February 14, 1860
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	3	26 hr. min.

9. Birthplace..... Ohio
 (City, town, or county) (State or foreign country)10. Usual occupation: Retired

11. Industry or business.....

- MOTHER FATHER
 12. Name Jacob Goll 9
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Lee Roseborough(b) Address 105 Jefferson Ave.17. (a) Burial (b) Date thereof 6-12-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Laurel Hill Cemetery18. (a) Signature of funeral director Jay B. Smith(b) Address 7456 Manchester Rd19. (a) JUN 11 1948 (b) J. B. Buech
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis 96
 (c) City or town Webster Groves 7
 (If outside city or town limits, write "RURAL")
 (d) Street No. 105 Jefferson Ave. 4
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
 year 1948 hour 1 minute 45 A.M.21. I hereby certify that I attended the deceased from 4-26-48
 to 6-10-48, 1948,
 that I last saw in alive on 6-9- 1948
 and that death occurred on the date and hour stated above. Duration

Immediate cause of death.....

Pyelonephritis (non calculi) type
Urinary
 Due to carcinoma bladderDue to 52Other conditions carcinoma bladder
 (Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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.....

23. Signature J. B. Buech (M. D. EXEMPT)
 Address 607 N. Grand Date signed 6-11-48

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 W. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.