

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18212
Registrar's No. 4599

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 18212		Registrar's No. 4599			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY							
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.			c. LENGTH OF STAY (In this place) 13 Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2109			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary				d. STREET ADDRESS (If rural, give location) 4244 Prairie 0							
3. NAME OF DECEASED (Type or Print) Edward		a. (First)		b. (Middle)		c. (Last) Goss		4. DATE OF DEATH (Month) (Day) (Year) 5 - 21 - 50			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 18, 1878		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman			10b. KIND OF BUSINESS OR INDUSTRY St. L Steel Cast.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Phillip Goss			13b. MOTHER'S MAIDEN NAME Elizabeth Vogelstein			14. NAME OF HUSBAND OR WIFE Agnes Goss					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Agnes Goss						ADDRESS 4244 Prairie	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure						INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
		DUE TO (b) generalized arteriosclerosis									
		DUE TO (c) with cerebral and cardiac components									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>May 21</u> , 19 <u>50</u> , and that death occurred at <u>8:15 P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE Palmer Duane Rowlich M.D.				23b. ADDRESS 5800 Arsenal				23c. DATE SIGNED 5-21-1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-25-1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL MAY 24 1950		REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE Weick Bro. Und. Co. 2201 S. Grand						

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James R. Dunn

Licensed Embalmer No. 4527

P. O. Address 2201 S. Grand Bl.

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.