

S. No. 306
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26681

State File No. _____

FILED AUG 1 1952
BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 390 Registrar's No. 2024

1. PLACE OF DEATH a. COUNTY St. Louis 4		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE 1019 Blendon Pl. b. COUNTY 4425	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights, Mo. 481	
c. LENGTH OF STAY (in this place) 5 Weeks		d. STREET ADDRESS (If rural, give location) 1019 Blendon Pl.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Moll Nursing Home			

3. NAME OF DECEASED (Type or Print) Charles F. Gossel	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH July 27th, 1952
--	------------	-------------	-----------	---

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 7	8. DATE OF BIRTH May 26th, 1879	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
-----------------------------	-------------------------------	--	--	---	-------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TINNER	10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY?
---	--	--	------------------------------

13a. FATHER'S NAME August F. Gossel	13b. MOTHER'S MAIDEN NAME Rouise Wollenbrook	14. NAME OF HUSBAND OR WIFE Lotta Gossel
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edward C. Gossel	ADDRESS Valley Park, Mo.
---	-------------------------------------	---	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown 4201 DUE TO (c) unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **1 July, 1952** to **27 July, 1952**, that I last saw the deceased alive on **17 July, 1952**, and that death occurred at **12:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE Edmond F. M.D. (Type or title)	23b. ADDRESS 10430 W. 11th St., Richmond, Mo.	23c. DATE SIGNED 7-28-52
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/30/52	24c. NAME OF CEMETERY OR CREMATORY St. Peters	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. 7-28-52	REGISTRAR'S SIGNATURE Herbert J. Donnell	25. FUNERAL DIRECTOR'S SIGNATURE Kraeger-Fenwick	ADDRESS 3402 N. Kingshighway
---	---	---	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3402 N. Kingshighway

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.