WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3942

1. PLACE OF DEATH
County St Mary's Infirmary
Township 1536 Papin St
City St Louis Mo (No. ..... St. ..... Ward)

Registration District No. 791
Primary Registration District No. 1003

File No. .....
Registered No. 554

2. FULL NAME Sister Mary Edmunda (Goeke Mary Wilhelmina)
(a) Residence. No. ..... St., 22 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE: about 26 yrs. YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Religious 92A
(b) General nature of industry, business, or establishment in which employed (or employer): 95C
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

PARENTS
10. NAME OF FATHER: Henry Goecke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know
12. MAIDEN NAME OF MOTHER: Mary Kramer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know

14. INFORMANT: Sister M. Placida
(Address) 1536 Papin St. St. Louis Mo

15. FILED JAN 11 1929, 19 Mary C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-10- 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1928 to Jan. 10, 1929 that I last saw her alive on Jan 10, 1929 and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rheumatic Heart Disease
Mitral Stenosis
Chronic
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Broncho-pneumonia
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Examination
(Signed) E. Lee Shrader, M. D.
1-11, 1929 (Address) Beaumont Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Peter and Paul Cem.
DATE OF BURIAL: Jan 14 1929

20. UNDERTAKER: Thos. J. Finan
ADDRESS: 1519 So Grand Blvd