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.

NOV 10 1933

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

Do not use this space.

35179

1. PLACE OF DEATH

County ..... Registration District No. 281 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9395

City St. Louis (No. Deaconess Hospital. St. ..... Ward)

2. FULL NAME William J. Goggin,

(a) Residence, No. 3522 Cambridge av. St., 4 Ward. Maplewood, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20th, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dist Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Electric Co

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME Unknown Goggin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Grace Goggin
(ADDRESS) 3523 Cambridge av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Oct, 30th, 1933

19. UNDERTAKER Robt J. Cambruster Inc
(ADDRESS) Clayton Rd. at Concordia Lane.

20. FILED OCT 31 1933 19 J. A. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 29th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1933, to October 29th, 1933

I last saw him alive on October 29th, 1933. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10 days
Apoplexy [illegible]	

Other contributory causes of importance:

Hypertension

Diarrhea

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis H Behrens, M. D.

(Address) 102 N. Broadway.