

OCT 5 1936

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

Do not use this space.

35582

## 1. PLACE OF DEATH

 County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **3307**, **California**)

 File No. ....  
 Registered No. **9185**  
 St. Ward

## 2. FULL NAME

 (a) Residence, No. **3307 California St.**, **24** Ward.  
 (Usual place of abode)

(If nonresident, give city or town and State)

 Length of residence in city or town where death occurred **82** yrs. **0** mos. **21** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

 3. SEX **Female**  
 4. COLOR OR RACE **White**  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **ADAM GOEBEL**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **AUG. 13, 1854**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**82 0 21**
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **SEPT. 4 1936**
 22. I HEREBY CERTIFY That I attended deceased from **March 28 - 1936** to **Sept. 4 - 1936**

 I last saw him alive on **Sept 3 - 1936** Death is said to have occurred on the date stated above, at **7:20 A. M.**

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

Date of onset

 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **HOUSEWIFE**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **—**  
 10. Date deceased last worked at this occupation (month and year) **—** 11. Total time (years) spent in this occupation **—**

 Other contributory causes of importance:  
**Chronic Myocarditis**

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

12. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS**  
(STATE OR COUNTRY) **MISSOURI**13. NAME **CHARLES VUESPERLING**14. BIRTHPLACE (CITY OR TOWN) **GERMANY**  
(STATE OR COUNTRY)15. MAIDEN NAME **KATHERINE-DECKELMANN**16. BIRTHPLACE (CITY OR TOWN) **GERMANY**  
(STATE OR COUNTRY)17. INFORMANT **MRS. LILLIE-BUSCHMANN**  
(ADDRESS) **3307 CALIFORNIA**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **ST. PETERS** DATE **SEPT. 5 1936**19. UNDERTAKER **SUED MEYER & SONS**  
(ADDRESS) **3934 N. 20 ST.**20. **SEP 4 1936** Registrar. **J. F. Bredeck**23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (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? **No.**If so, specify **C. F. Kneppel**, M. D.(Signed) **C. F. Kneppel**, M. D.(Address) **905 Harrison**

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.

905. *Mormon* on *ana*  
hours 2-4 pm  
Dr. Carl Hoop