

REC'D DEC 12 1938

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

37533
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1008
(c) City St. Louis (d) Street No. 3927 Lafayette Ave. Registered No. 9860
(e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 140 Mary Goebel 3927 Lafayette Ave. St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Carl T. Goebel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby. 19th, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 8 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

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

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) Missouri 0

13. NAME Dont Know Meyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

17. INFORMANT Geo. E. Biermann. (ADDRESS) 3927 Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE 11-16-38 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Provost Und. Co. 3710 N. Grand Blvd.

20. FILED NOV 15 1938 J. A. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14-38 19

22. I HEREBY CERTIFY That I attended deceased from Oct 30, 1938, to Nov 14, 1938. I last saw her alive on Nov 13, 1938. Death is said to have occurred on the date stated above, at 1 am. The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Other contributory causes of importance: none

Name of operation Date of
What test confirmed diagnosis? Typhoid Was there an autopsy? no

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

(Signed) Chas. Albert I. M. D.

(Address) 15912 St. Louis Ave.

C Allen
5412 S. Kingsley
8-10 AM
6-8 PM
Ri 5220

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,

A. A. Smithers, or by

Registered Apprentice No., working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address

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, above space should be left blank.