

791 STANDARD CERTIFICATE OF DEATH

24208

State File No.

Registrar's No.

6481

Registration District No.

Primary Registration District No.

AUG 11 1939

1008

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4825a Farlin Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
 (Specify whether
 In this community Since Birth
 years, months or days)

3. (a) PRINT FULL NAME Philip Goebel 1403. (b) If veteran, name war. None 8. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower6. (b) Name of husband or wife Christina Goebel (Deceased) 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased December 8, 1860
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
78 7 14 hr. _____ min.9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Shoe Salesman

11. Industry or business _____

12. Name Samuel Goebel
13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Rosa Kimmé
15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Henry Koelner
(b) Address 4825a Farlin Ave.17. (a) Burial (b) Date thereof July 25-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peter's18. (a) Signature of funeral director Math. Hermann & Son(b) Address 2161 East Fair Ave.19. (a) 111 24 1939 (b) J. B. Fredrich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4825a Farlin Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1939 hour 1:45 PM minute _____ M.21. I hereby certify that I attended the deceased from
May 7th 1939 to July 22nd 1939
that I last saw him alive on July 22nd 1939
and that death occurred on the date and hour stated above.Immediate cause of death Emile Gangrene
& consequent Sepsis
Duration 3 M & SDue to Arterio SclerosisDue to _____
Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations: _____
Of autopsy: _____

PHYSICIAN

Underline
the cause to
which death
should be
charged stati-
stically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Theo W Goebelman (M. D. or other)
Address 5043 Vernon Date signed 7/24/39

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed William G. Buckley
Licensed Embalmer No. 2110
P. O. Address St. Louis Mo

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.