

S. No. 2
OM-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1946
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31762**
Registrar's No. **8001**

Registration District No. _____ Primary Registration District No. **1003**

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:
4442 Bircher Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life
years, months or days)

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. 4442 Bircher Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Henry Goebel
3. (b) If veteran, name war No 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Amelia Goebel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 29, 1867.
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 15th
year 1946 hour 6:45 minute P. M.
21. I hereby certify that I attended the deceased from June 1,
19 46 to Sept 15, 19 46.
that I last saw him alive on Sept 14, 19 46.
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 1 16 hr. min.

Immediate cause of death Chemic myocarditis,
Due to Perilicity,
Due to 93

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

Other conditions Arterio-sclerotic,
Deep hives
(Include pregnancy within 3 months of death)

10. Usual occupation Unemployed

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name John Goebel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Eberle
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Weusthoff
(b) Address 4442 Bircher Blvd.

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? _____

17. (a) Burial (b) Date thereof Sep. 19, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery.

While at work? _____ (Specify type of place)
(e) Means of injury _____ 0

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.

19. (a) SEP 17 1946 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

23. Signature F. William V. Young (M. D. or other) Mo. D.
Address 6657 Euclid Ave. Date signed 9/16/46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

30332

6651 Kentucky St. Bldg.
C.A. 2710.
2.4

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 John A. Mueser
Licensed Embalmer No. 4186

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, fact should be so stated above.