

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

Do not use this space.

40422

1. PLACE OF DEATH

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City St. Louis Mo. (No. 1921) Cherokee

St. 24 Ward

2. FULL NAME

(a) Residence, No. 1921 Cherokee St., 24 Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 5 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teamster
 (b) General nature of industry, business, or establishment in which employed (or employee)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....
 (STATE OR COUNTRY) Germany

10. NAME OF FATHER John Goetz

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Germany

14. INFORMANT Katherine Goetz
 (Address) 1921 Cherokee

15. FILED JAN 2 1927 Mar 6 Starkey

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30-1926

17. I HEREBY CERTIFY That I attended deceased from March 20, 1926 to Dec 30, 1926 that I last saw him alive on Dec 30, 1926 and that death occurred, on the date stated above, at 9:2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Esophagus (Lower third)
4 1/2 (duration) yrs. 9 mos. 10 ds.

CONTRIBUTORY Exhaustion
 (SECONDARY) (duration) yrs. 9 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? 2 Rx & Examination
 (Signed) Paul R. Kozelbauer, M. D.

12/30, 1926 (Address) 3507 9th Avenue St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Crematory Mar 2 1927
 20. UNDERTAKER J. J. Ginshaw Dec. 26 23 Cherokee
 ADDRESS

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.

