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

Do not use this space 2973

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 561

Township..... Primary Registration District No. 1003 Registered No.

City St Louis (No. St Anthony Hospital St. ..... Ward)

2. FULL NAME Margaretha Hembel

(a) Residence. No. 1430 N. 12 St. St. 25 Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28 – 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	9	16	

8. OCCUPATION OF DECEASED 124 E 131 93A

(a) Trade, profession, or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Excelsior Leader Laundry

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Frederick Goetz

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

12. MAIDEN NAME OF MOTHER Magdalena Loeach

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

14. INFORMANT Mrs Mary Noll
(Address) 1931 N 10 St.

15. JAN 16 1928 FILED, 19..... Mary L Starkoff REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to January 13, 1928 that I last saw h. alive on January 13, 1928, and that death occurred, on the date stated above, at 0945 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dilatation & Hypertrophy heart with mitral Insufficiency

non alcoholic (duration) Y. yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) Venous stasis of liver & congestion of lungs (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis

(Signed) Charles W. Keller, M. D

1. 14. 1928 (Address) 3123 Lemp Ave

*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 Calvary Cemetery. DATE OF BURIAL 1-17-1928

20. UNDERTAKER J. H. Gilkeson Sis - Wed Co ADDRESS 2630 Gravois Ave

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.