WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

3379

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1008

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

City St Louis (No. St Marys Infirmary St. ..... Ward)

2. FULL NAME Rev Peter L. Goetzhauser

(a) Residence. No. Equality Ills St. 22 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22 1875

7. AGE: 52 YEARS | MONTHS: 3 | DAYS: 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Crest hood Catholic
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Evansville Ind
(STATE OR COUNTRY) Ind

PARENTS

10. NAME OF FATHER Henry Goetzhauser
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Elz Fisher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana

14. INFORMANT John Goetzhauser
(Address) 1309 Grattan

15. FILED 27-1928, 19..... Max C Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1928

17. I HEREBY CERTIFY, That I attended deceased from 1/24/28, 19..., to 1/27/28, 19..., that I last saw him alive on 1/27/28, 19..., and that death occurred, on the date stated above, at 11 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
CARDIAC - FAILURE -
CHR - MYOCARDITIS
59
93C
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Diabetes to Slight
Coma Mellitus (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? .....
(Signed) J Earl Smith, M. D
1-28, 1928 (Address) 1537 Papin

*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: Mt Carmel Ills | DATE OF BURIAL: Jan 30 1928

20. UNDERTAKER: Thos J Finan | ADDRESS: 1519 S Grand