

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

Do not use this space.

MAR 26 1928

6267

1. PLACE OF DEATH

County St. Louis  
Township Central  
City 6440 Myrtle

Registration District No. 789  
Primary Registration District No. 603303

File No. \_\_\_\_\_  
Registered No. XO Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. 6440 Myrtle St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2  
MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1928

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

17. I HEREBY CERTIFY That I attended deceased from Feb 10, 1927 to Feb 9, 1928 that I last saw alive on Feb 9, 1928, and that death occurred, on the date stated above, at 11 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 13 1857

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75 | 1 | 26 | 27

131 Chronic Myocarditis  
(duration) 2 yrs. mos. ds.  
CONTRIBUTORY Chronic Diffuse Nephritis  
(SECONDARY) (duration) 2 yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Work  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED 129th  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

10. NAME OF FATHER M Simon

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Geo. R. Eichelauer, M. D.  
2-10, 1928 (Address) 3153 S. Grand

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT H. Zupke  
(Address) 2623 Louisiana

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Bicker DATE OF BURIAL 2-13 1928

15. FILED 2/11, 1928 Polla Bracy, R. 2  
REGISTRAR

20. UNDERTAKER M Schumacher ADDRESS 5013 Meramec

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.

