

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **M. Low**

(No. **2846**)

Magnolia

File No. **28937**

Registered No. **8441**

Si. Ward)

2. FULL NAME

Katharine Goelkel

(a) Residence. No. **2846 Magnolia** St., **24** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **widow**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 12 1844**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 3 5

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

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

10. NAME OF FATHER **Unknown Papz.**

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 **George Goelkel**
(Address) **2846 Magnolia**

15. FILED **3 20 1928** **Mar O. Starloff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug. 17 1928**

17. I HEREBY CERTIFY, That I attended Deceased from **Aug 11 - 1928** to **Aug 17 1928**, that I last saw h... alive on **Aug 17 1928**, and that death occurred, on the date stated above, at **9:30 a.m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:
Coronary Sclerosis
Myocardial Infarction
of 12 to 13 days duration
of 12 to 13 days duration
CONTRIBUTORY (SECONDARY) **of 12 to 13 days duration**

18. WHEN WAS DISEASE CONTRACTED **12/29/08**

IF NOT AT PLACE OF DEATH... DID AN OPERATION PRECEDE DEATH? DATE OF...
No

19. WAS THERE AN AUTOPSY? **No**
WHAT TEST CONFIRMED DIAGNOSIS?
Henry P. ...
8/20 1928 (Address) **740 S. ...**

*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 **Mo. Crematory** DATE OF BURIAL **8/20 1928**

20. UNDERTAKER **Matt Bros. L. & Co. 2929 S. Jefferson**

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.

Mr. [unclear]
748 424,