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

Do not use this space.

6906

File No. 1757

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. Missouri Baptist Sanitarium St.) Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Charles Goeglitz

(a) Residence. No. 2920 Shenandoah Ave Ward. 11
(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)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary Goeglitz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	40	7	0	

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

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

PARENTS

10. NAME OF FATHER George Goeglitz

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

12. MAIDEN NAME OF MOTHER Augusta Weber

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

14. INFORMANT Mary Goeglitz
(Address) 2920 Shenandoah Ave

15. FILED, 19

Mary C Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1930

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1928, to February 18, 1930 that I last saw h~~ave~~ alive on February 18, 1930 and that death occurred, on the date stated above, at 10:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Renal Tuberculosis (Bilateral
Myocarditis Chronic
30
936 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tuberculosis of Kidneys both sides (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Cystoscopic Exam

(Signed) J P Altheide, M. D.
Feb 19, 1930 (Address) 958 Arcade Bldg

*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
Sunset Burial Park	Feb 21 1930
20. UNDERTAKER	**ADDRESS**
Wacker-Helderle	2331 S Broadway

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.

VITAL RECORDS—DEATH CHARGING INSTRUMENT IS A PERMANENT RECORD