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.
21493
[redacted]5

1. PLACE OF DEATH

County St. Louis City Registration District No. 701
Township Primary Registration District No. 1002
City St. Louis City No. 3788 Lee Ave St. Ward)

File No.
Registered No. 6376.

2. FULL NAME Louis Goeller

(a) Residence. No. 3788 Lee Ave St., 10 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12-1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	8	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Restaurant Owner
(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

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Genevieve Goeller
(Address) 3788 Lee Ave

15. JUL -1 1930 FILED, 19 May C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1930

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h.... alive on ....., 19...., and that death occurred, on the date stated above, at 9:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asphyxiation - Due to Illuminating Gas Poisoning
1 hr (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Suicide
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John J. Hurley M. D.
6/30, 1930 (Address) Deputy Coroner

*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
St Peters Cemetery	July 2 1930
20. UNDERTAKER	**ADDRESS**
Stroot & Carroll	4690 Natural Bridge