

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

Do not use this space.

24782

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. 791
City W. Louis No. 4108 Turnover St. Ward)

File No.....
Registered No. 6941
St. Ward)

2. FULL NAME

(a) Residence. No. 4108 Turner 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR, OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Goetz</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 14 1858</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>6</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Coppersmith</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

PARENTS	9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>
	10. NAME OF FATHER <u>Unknown Goetz</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Fred G. Goetz
(Address) 3618 T. Plaza

15. FILED JUL 14 1930 Max C. ...
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1930
17. I HEREBY CERTIFY, That I attended deceased from March 10, 1929, to July 13, 1930 that I last saw him alive on July 16, 1930, and that death occurred, on the date stated above, at 7:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chy. myocarditis
131
931 (duration) 1 yrs. 4 mos. 3 ds.
CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 1290
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Joseph Bill, M. D.
July 13, 1930 (Address) 3636 Hubert

*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 New Pickers Cem. DATE OF BURIAL 7-15 1930

20. UNDERTAKER Witt Bro. & Co. ADDRESS 2929 S. Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

