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

Do not use this space.
37528

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis (No. City Hospital St. ..... Ward)

File No.....
Registered No. 10606

2. FULL NAME Orville Goff

(a) Residence. No. 6429 Manchester St., 4 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 Chloe Goff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 10, 1900

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
29	11	28	

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

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

PARENTS
10. NAME OF FATHER Chas. Goff
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Emma Leita
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT Charles Goff
(Address) 6245 Delmar

15. NOV -8 1930 Filed ..... 19 ..... Wm C Nordloh Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 8 1930

17. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance
....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Haemorrhage due to Stab wound Heart Knife
..... (duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) Homicide
..... (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? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kerner M.D.
11/8 1930 (Address) Dep. 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 Louis Mo	11-10 1930
20. UNDERTAKER	ADDRESS
Lindgohanan & Co	Manchester

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