

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

Do not use this space.

37982

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City..... **St. Louis** (No. **City Hospital #1**)

File No.....

Registered No. **11133**

St. (Ward)

2. FULL NAME

(a) Residence. No. **2158 1/2 Eather Ln St. 3** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
married

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

Felicite Goebbel

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

Sept 19, 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 2 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... **Paper Hanger**

(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)

St. Louis

10. NAME OF FATHER

Edwin Goebbel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

12. MAIDEN NAME OF MOTHER

Emmie Patton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

14.

INFORMANT..... **Emmie Patton**

(Address) **2158 1/2 Eather Ln**

15.

FILED **NOV 25 1930** **Ray C. Harden** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 22, 1930**

17. **No Physician in Attendance**
 I HEREBY CERTIFY, That I attended deceased from.....

....., 19....., to....., 19..... that I last saw h..... alive on..... and that death occurred, on the date stated above, at **12:05^{PM}** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sunshot Wound of Head
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Homicide
 (duration) yrs. mos. da.

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. H. Hursey** M. D.

11/74, 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. Peter **11-25 1930**

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly **2039 Wash St**

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

K. 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.

