

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

Do not use this space.

7609  
File No. 1969  
Registered No. 1969

**1. PLACE OF DEATH**

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

St. .... Ward  
St. .... Ward

**2. FULL NAME**

**William J. Goebbels**  
(a) Residence. No. **4644 Cottage Ave.**, ..... **11** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **2-11-1904**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**27 0 1**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Chauffeur 101**  
(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) **Missouri**

10. NAME OF FATHER **Edward Goebbels**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis**  
(STATE OR COUNTRY) **Missouri**

12. MAIDEN NAME OF MOTHER **Annie Patton**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis**  
(STATE OR COUNTRY) **Missouri**

14. INFORMANT **Harry Goebbels**  
(Address) **4644 Cottage Ave**

15. FILED **FEB 17 1931**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 12 1931**

17. **No Physician in Attendance**  
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 **1030 P.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Bilateral Pulmonary Thrombosis following Gun Shot Wound Head of Neck**  
(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. Ferrel** M.D.  
**2/14 1931** (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. Peters Cemetery** **2/16 1931**

20. UNDERTAKER ADDRESS

**Arthur J. Donnelly** **2039 Wash St**

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.

10/10/1922

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