

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

Do not use this space.

26181

1. PLACE OF DEATH
 County St Louis Registration District No. 1123
 Township Corcoran Primary Registration District No. 6248B
 City Jefferson Barracks St. _____ Ward _____

2. FULL NAME Raymond E. Goeline
 (a) Residence No. Southern Mo St. _____ Ward Southern Mo
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 43 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 27, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
34 | 10 | 8 | ___

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Printer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer Jefferson Barracks

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1931
 17. I HEREBY CERTIFY, That I attended deceased from May 21 1931 to July 4 1931 (that I last saw alive on July 4 1931, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis pulmonary
Chronic far adv. - C.

Several (duration) yrs. mos. da.
 CONTRIBUTORY Bronchitis Chronic (SECONDARY)
Ad. Ad. (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Unknown
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Tal. test for TB.
 (Signed) Clifford M. Smith, M.D.
715, 1931 (Address) Jefferson Barracks Mo

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

10. NAME OF FATHER Not available

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not available

12. MAIDEN NAME OF MOTHER Not available

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not available

14. INFORMANT (Address) Clifford M. Smith

15. FILED July 9 1931 L. C. Oborn REGISTRAR

*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. No.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lansdown, Mo DATE OF BURIAL 7/5 1931

20. UNDERTAKER C. Stuppmeier & Co ADDRESS 7814 S Broadway

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.

4628

