

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

Do not use this space.

10310

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 033
City St. Louis (No. 3206-Winnemabago) St. Ward)

File No.
Registered No. 2330
St. Ward)

2. FULL NAME

(a) Residence, No. 3206-Winnemabago 16 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 <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>Augusta Goclitz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 20 - 1856</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>9</u>
	DAYS <u>17</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Candy Salesman</u>	11. Total time (years) spent in this occupation <u>12</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1931</u>	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	13. NAME <u>Adolph Goclitz & Co</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
FATHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT (ADDRESS) <u>Augusta Goclitz</u> <u>3206 Winnemabago</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Missouri Crematory</u> DATE <u>Mar 11</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Wacker-Heldt</u> <u>2331 Broadway</u>		
20. FILED <u>1932</u> <u>Mar 11</u> 19 <u>32</u> <u>W. C. Starkey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1931, to March 8th 1932
I last saw him alive on March 8th 1932. Death is said to have occurred on the date stated above, at 9:15 p.m.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis 10 yrs.
Chronic Interstitial Nephritis 5 yrs.
Chronic Bronchitis 6 yrs.
Chronic Pleuritis 12 yrs.
Other contributory causes of importance
None

Name of operation None Date of

What test confirmed diagnosis Physic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Arthur W. Lewis M. D.
(Address) 3606 Graves Street No

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

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.

