

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

Do not use this space.

11012

1003

**1. PLACE OF DEATH**

County.....*St. Louis Mo*..... Registration District No.....  
Township..... Primary Registration District No.....  
City.....*St. Anthony Hospital*..... (No.....) St. *3091*..... (Ward)

**2. FULL NAME**

(a) Residence. No. *2306 S. 9th* St., *23* 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 *Female* 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) *Dec 17 1881*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*50 3 12*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. *Housework 668*  
(b) General nature of industry, business, or establishment in which employed (or employer). *266*  
(c) Name of employer. *At Home 991*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*St. Louis 1*

10. NAME OF FATHER *Joseph Goerstel 1*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

12. MAIDEN NAME OF MOTHER *Theresa Heger 31*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

14. INFORMANT *Theresa Goerstel*  
(Address) *2306 S 9th*

15. FILED *30 1932* *Marie E. Standley* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar 29 1932*

17. I HEREBY CERTIFY, That I attended deceased from *March 1 - 1932*, to *March 29 1932* that I last saw him *alive on* *March 28 1932* and that death occurred, on the date stated above, at *1 A.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Cardiac Embolism following Thyroidectomy*  
*668* (duration) yrs. mos. *1* ds.  
CONTRIBUTORY *Operation for Toxic Goiter* (SECONDARY)  
*(Toxic Adenoma)* (duration) yrs. mos. *1* ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH *2306 S. 9th St*

DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *March 28 1932*

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical*  
(Signed) *Albert Koehnerman* M. D.

(Address) *3817 Cleburn Ave*  
\*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 *St. Peter & Paul Cemetery* DATE OF BURIAL *Apr 1 1932*

20. UNDERTAKER *Am. J. Robert* ADDRESS *1915 5 Grand Blvd*

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.

RESERVED FOR BINDING

