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

Do not use this space.

21195

File No. 5748

Registered No.

1. PLACE OF DEATH

County St. Louis Registration District No. 791

Township Primary Registration District No. 1018

City St. Louis (No.) ISOLATION HOSPITAL St. Ward)

2. FULL NAME William Goebe

(a) Residence, No. 1414 Montclair St., 6 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 26 1891

7. AGE: Years 40 Months 11 Days 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Garage

10. Date deceased last worked at this occupation (month and year): 1928

11. Total time (years) spent in this occupation: 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER

13. NAME: Frank Goebe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Louise Schmidt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Frank Goebe ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE June 20 1932

19. UNDERTAKER (ADDRESS): Albert Steinert 1225 Olive St.

20. FILED JUN 18 1932 19.. Geo. C. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1932 to June 17, 1932

I last saw him alive on June 17, 1932 Death is said to have occurred on the date stated above, at 12:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria of Tonsils, Larynx, Trachea & Bronchi	6-10

Other contributory causes of importance:

Acute Toxic Myocarditis	6-17

Name of operation Tracheotomy Date of 6-17

What test confirmed diagnosis? Clinical Could autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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?

If so, specify

(Signed) John Eschenbrenner M. D.

(Address) ISOLATION HOSPITAL

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.

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