

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.

NOV 28 1932

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

Do not use this space.

33329

1. PLACE OF DEATH

County St. Charles Registration District No. 757
 92 Township St. Charles Primary Registration District No. 5998
 City _____ (No. Friedens, _____ St. _____ Ward)

2. FULL NAME

(a) Residence, No. Friedens, Mo. Ward. _____

Length of residence in city or town where death occurred 73 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

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) March 14, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 7 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo.

FATHER 13. NAME Philip Goebel.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER 15. MAIDEN NAME Amalia Tuxman

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

17. INFORMANT Louis C. Laeger
 (ADDRESS) Friedens, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Friedens Cem. DATE Oct. 26, 1932

19. UNDERTAKER Steinbrunkers
 (ADDRESS) St. Charles, Mo.

20. FILED 10/24 1932 By J. B. Blabauer
 Registrar

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23 1932 to Oct. 24 1932.
 I last saw him alive on Oct. 23 1932. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Cerebral Hemorrhage
 Gen. Arterio-sclerosis
 Date of onset _____

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? Sig. symptoms Was there an autopsy? Yes

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 A. P. Frisch Schulz, M. D.
 (Signed)

(Address) St. Charles, Mo.

