

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

Do not use this space.

4150

**1. PLACE OF DEATH**

County St. Louis Registration District No. 3869  
 Township Page Blvd Primary Registration District No. 11  
 City St. Louis (No. 3869) St. 11 Ward

File No. 1121  
 Registered No. 1121  
 St. 11 Ward

**2. FULL NAME**

(a) Residence, No. 3869 St. 11 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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>Ellen Goe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25, 1857</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>8</u>
	DAYS <u>4</u>	IF LESS than day, hrs. or min. <u>4</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Watchman</u>	
	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) <u>Ireland</u>		
MOTHER FATHER	13. NAME <u>William Goe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	17. INFORMANT <u>Ellen Goe</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>Feb. 1, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>J. J. Duggan</u>		
20. FILED <u>Jan 31 1933</u> 19 <u>Max E. Harker</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29th, 1933

22. HEREBY CERTIFY, that I attended deceased from Jan 1st 1933, to Jan 29th 1933  
 I last saw him alive on Jan 29th 1933. Death is said to have occurred on the date stated above, at 4:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Haemorrhage 1/1/33  
0211  
 Other contributory causes of importance:  
J. J. W.

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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?.....  
 If so, specify J. J. Gallagher M. D.  
 (Signed) J. J. Gallagher  
 (Address) 302 - 303 Wall Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS show'd state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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