

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

Do not use this space.

14742

1. PLACE OF DEATH

County _____ Registration District No. 701
 Township _____ Primary Registration District No. 2003
 City St. Louis (No. 3317 - Iowa Ave) St. _____ Registered No. 3251
 _____ (If nonresident, give city or town and State) _____ Ward)

2. FULL NAME

(a) Residence, No. 3317 Iowa Ave St. 24 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>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Christian Goebel</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5 - 1853</u> | | |
| 7. AGE | YEARS <u>79</u> | MONTHS <u>10</u> |
| | DAYS <u>1</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>Housework</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>St. Louis Mo</u> | | |
| MOTHER FATHER | 13. NAME <u>Aug. Murrmann</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| | 15. MAIDEN NAME <u>Unknown</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| 17. INFORMANT <u>Katherine Goebel</u> (ADDRESS) <u>3317 Iowa Ave</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Paul Church</u> DATE <u>April 10 1933</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Wackey Belderle</u> <u>2301 Broadway</u> | | |
| 20. FILED <u>APR - 8 1933</u> <u>Ray C. Stankley</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 1924, 19____, to April 6, 1933
 I last saw her alive on April 6, 1933. Death is said to have occurred on the date stated above, at 11:25 pm.
 The principal cause of death and related causes of importance were as follows:

A Arterio sclerosis
stroke
Senile dementia
apoplectic

Date of onset about 1920

Other contributory causes of importance:
Paralysis Right
apoplectic April 1st

Name of operation _____ Date of _____
 What test confirmed diagnosis? Specimens 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 _____
 (Signed) Henry Paul, M. D.
 (Address) 2905 Cherokee St.

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.

