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.

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

Do not use this space.

791
1003

17900

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 4092

City St. Louis (No. 1925, St. Louis Ave. St. ..... Ward)

2. FULL NAME Barbara Goeggel

(a) Residence, No. 1925 St. Louis Ave St., 26 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Goeggel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	67	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1

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) Germany 10

FATHER

13. NAME George Luebner

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

MOTHER

15. MAIDEN NAME Margaret Unknown

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

17. INFORMANT (ADDRESS) Ella Goeggel 1925 St. Louis Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE 5-8-1933

19. UNDERTAKER (ADDRESS) Seidenwieden Funeral Home 1936 St. Louis

20. FILED MAY -8 1933, 19 F. Bledeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) [illegible], 19

22. I HEREBY CERTIFY, That I attended deceased from MAY 3 —, 1933, to MAY — 5 —, 1933

I last saw her alive on MAY — 5 —, 1933. Death is said to have occurred on the date stated above, at 4:00 A.m.

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

	Date of onset
BRONCHOPNEUMONIA	
23C MYOCARDITIS, CHRONIC	
22A	
10B	

93C

Other contributory causes of importance:
HYDROTHORAX
HYPERTENSION
HEMIPLEGIA apoplectic

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? NO

If so, specify .....

(Signed) Lee N. Hamm, M. D.

(Address) 1957 St. Louis Av.