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

Do not use this space.

28058

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St. Louis (No. Luthern Hosp. St. ..... Ward)

File No. .....

Registered No. 7138

2. FULL NAME Frieda Gokenbach

(a) Residence, No. 4445 Nebraska Ave. St., 15 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	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Gokenbach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21st. 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
47	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

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. Louis, Mo.

FATHER

13. NAME Frank Gokenbach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER

15. MAIDEN NAME Elizabeth Preusser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Wm Gokenbach 4445 Nebraska Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope Mauselaum DATE Aug. 19th, 1933

19. UNDERTAKER (ADDRESS) Wm Schumacher 3013 Meramec Street.

20. FILED AUG 18 1933 19 J F Biedeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16th. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1929, to Aug 16, 1933

I last saw her alive on Aug. 16, 1933. Death is said to have occurred on the date stated above, at 9 pm m.

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

Nephritis chronic interstitial — Date of onset Jan 1929

131

92A

131

Other contributory causes of importance:

Valvular disease of heart 1929

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) Edward Wenger, M. D.

(Address) 2002 S Edwards

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 26 1933

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1828 Victor
Ind. 2433
2007 S Bdwy