

APR 2 1936

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH **791**

Do not use this space.

## 1. PLACE OF DEATH

 County..... Registration District No. **1003**  
 Township..... Primary Registration District No.....  
 City **St. Louis** (No. **415** Lami) St. .... Ward)

 File No. **12622**  
 Registered No. **2656**  
 St. .... Ward)
2. FULL NAME **Sarah A. Goetz**(a) Residence, No. **415 Lami** St. **23** Ward.

(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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <b>Widow</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>John Goetz</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>August 27, 1862</b>				
7. AGE	YEARS <b>73</b>	MONTHS <b>6</b>	DAYS <b>10</b>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housework</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>at home</b>			
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....			
12. BIRTHPLACE (CITY OR TOWN) <b>St. Louis</b> (STATE OR COUNTRY) <b>Missouri</b>				
MOTHER FATHER	13. NAME <b>Aron Burtendyke</b>			
	14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <b>Germany</b>			
	15. MAIDEN NAME <b>Dont Know</b>			
	16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <b>Germany</b>			
17. INFORMANT <b>Harry Ruchetuhl</b> (ADDRESS) <b>5327 Haskins St.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Friedens Cem.</b> DATE <b>March 10, 1936</b>				
19. UNDERTAKER <b>Weick Bros'</b> (ADDRESS) <b>2201 So. Grand Blvd.</b>				
20. FILED <b>APR 10 1936</b> <b>J. Bredeck</b> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <b>March 7, 1936</b>
22. I HEREBY CERTIFY, That I attended deceased from <b>March 7, 1936</b> , to <b>March 7, 1936</b> I last saw her alive on <b>March 6, 1936</b> Death is said to have occurred on the date stated above, at <b>10:15 A.M.</b> The principal cause of death and related causes of importance were as follows: <b>Bronchi pneumonia</b> <b>107 Ave</b> Other contributory causes of importance: <b>Acute Dilation Heart</b> <b>No definite disease of heart</b> Name of operation..... Date of..... What test confirmed diagnosis <b>Heart findings</b> Was there an autopsy? <b>No</b>
Date of onset <b>March 31</b>
<b>Mar 7 36</b>
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) <b>W. Sausbury</b> , M. D. (Address) <b>3258 - Lafayette</b>

Every cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3258 2 of 8

Mr. 0084

6-95-77