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.

MAY 7 1936

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

Do not use this space.

17172

791

1003

File No.

Registered No. 3934

1. PLACE OF DEATH

County

Township

City St. Louis (No. 3228 Nebraska St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Theresa Goebel

(a) Residence, No. 3228 Nebraska 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: late Frank Goebel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 3, 1870

7. AGE: Years 65 Months 4 Days 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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

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 Unkering

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

MOTHER

15. MAIDEN NAME: Margaret Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Christina Goebel, 3228 Nebraska

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mo. Crematory DATE: 4-13 1936

19. UNDERTAKER (ADDRESS): Southern Undt Co. 6322 Grand

20. FILED APR 10 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1936, to April 9, 1936, I last saw her alive on April 9, 1936. Death is said to have occurred on the date stated above, at 4:40 p.m.

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

	Date of onset
Chronic Interstitial Nephritis	1917
Other contributory causes of importance:	
Cirrhosis of Liver	1914

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

(Signed) H. W. Mangan, M. D.

(Address) 3311 Gravois Ave

Dr. Venice
33185