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.

APR 9 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10193

Township ..... Primary Registration District No. 1003 Registered No. 2758

City St. Louis (No. 3646 Montana Ave. St. ..... Ward)

2. FULL NAME William Goelkel

(a) Residence, No. 3646 Montana Ave. St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amelia Goelkel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 28, 1882

7. AGE: YEARS 54 | MONTHS 5 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stix Baer & Fuller
10. Date deceased last worked at this occupation (month and year): August 1936
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

FATHER

13. NAME: George Goelkel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Amelia Goelkel, 3646 Montana Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mo. Crematory DATE: 3-13, 1937

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries, 4228 So. Kingshighway

20. FILED: MAR 10 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1932, to Mar 10, 19..

I last saw him alive on Mar 9, 19.. Death is said to have occurred on the date stated above, at 12:06 A.M.

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

Ch Malignant Hyperlensin — Date of onset

Other contributory causes of importance:

Hyperlensin Hyperlensin Heart disease

Name of operation: None Date of ...

What test confirmed diagnosis? Usual Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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. None

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Chas W Miller, M. D.

(Address) 835 Missouri Bldg

X Possible