

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City St Louis(No. 3101 St Louis Ave)

Registration District No.....

Primary Registration District No.....

791
1003

File No.....

Registered No.....

25323

6497

St.....

Ward)

2. FULL NAME Albert C Goetsch(a) Residence, No. 3101 St Louis St., 10 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

Male

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

Emily

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

May 8 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

810124

OCCUPATION

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

Retired

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)

Germany

MOTHER FATHER

13. NAME Daniel Goetsch

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

Germany15. MAIDEN NAME Dorothy Storm

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

Germany17. INFORMANT, Edwin H Goetsch
(ADDRESS) 3101 St. Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters DATE July 5 1937

19. UNDERTAKER (ADDRESS)

JUL 6 1937

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 193722. I HEREBY CERTIFY That I attended deceased from July 2 1937 to July 2 1937I last saw him alive on July 2 1937. Death is said to have occurred on the date stated above, at 12:20 A.M.

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

Coronary thrombosis
myocarditis

Date of onset

2/9/37

Other contributory causes of importance:

arteriosclerosis3/9/37

Name of operation..... Date of.....

What test confirmed diagnosis? clinical 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) Guamelleris, M. D.(Address) 2743 N. Grand

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.

6497

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