JAN 10 1938

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

43686
Do not use this space.

791 / 1003 / 1936

**1. PLACE OF DEATH**

(a) County ..... Registration District No. 791 / 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 1936

(c) City St. Louis (d) Street No. Christian Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** John (Jack) Goebel

(a) Residence, No. 8510 Moro Lane St. 8
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maud Goebel (Steeber)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 62 | 7 | 14 | |

**OCCUPATION**

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

9. Industry or business in which work was done, as saw mill, bank, etc. 102

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10

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

**FATHER**

13. NAME John Goebel

14. BIRTHPLACE (CITY OR TOWN) 10
(STATE OR COUNTRY) Germany 10

**MOTHER**

15. MAIDEN NAME Not Known

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

17. INFORMANT Mrs Maud Goebel
(ADDRESS) 8510 Moro Lane

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory Date Dec. 29, 1937

19. FUNERAL DIRECTOR Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED DEC 27 1937, 19 J. P. Bredeck
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 19 37, to Dec. 26, 19 37

I last saw him alive on Dec. 26, 19 37 Death is said to have occurred on the date stated above, at 12:50 P. M.

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

| | Date of onset |
|---|---|
| ACUTE SUPPURATIVE OTITIS MEDIA | |

Other contributory causes of importance:
CHRONIC MYOCARDITIS

Name of operation NONE 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? 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.

Manner of injury NONE

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. A. Van Hoofen, M. D.

(Address) 8313 HALLS FERRY RD. CITY

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD

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.

1 X12004

## STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Leonard Hampton

Licensed Embalmer No. 2967

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**