

REC'D JUL 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH20699  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
 (b) Township 2 Primary Registration District No. 1008  
 (c) City St. Louis (d) Street No. East Lane Registered No. 5549  
 (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. 27

## 2. PRINT FULL NAME

(a) Residence, No. 402 Fred Goebel St. NR Collinsville Mo.  
 (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 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) Blaunche Goebel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 - 1876

7. AGE YEARS 62 MONTHS 7 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) June 1/39 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collinsville Mo.

FATHER 13. NAME John Goebel

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

MOTHER 15. MAIDEN NAME Wm. Kuan

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

17. INFORMANT (ADDRESS) Henry Goebel  
Collinsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Collinsville DATE June 24, 1939

19. FUNERAL DIRECTOR (ADDRESS) Geo. M. Schuppel  
Collinsville Mo.

20. FILED JUN 22 1939 J. B. Brubaker Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-12, 1939, to 6-21, 1939

I last saw him alive on 21, 1939 Death is said to have occurred on the date stated above, at 9 P. M.

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

Cerebrovascular Date of onset slow  
stroke  
slow  
slow  
Other contributory causes of importance:  
Coronary heart  
slow

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1939

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 of injury in any way related to occupation deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. B. Brubaker M. D.

(Address) Collinsville Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 7-2-37 I X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Geo M Schaeppel, Licensed Embalmer No. 1598

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 Geo M. Schaeppel  
Licensed Embalmer No. 1598

**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.)**