No. 2
-1/47
-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 23 1948

Registration District No. 3 76

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9911

Primary Registration District No. 6075

Registrar's No. 82

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 7 mos. 9 das.
(Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis City. 96

(c) City or town Baden Station 0
(If outside city or town limits, write "RURAL")

(d) Street No. Strodtman Rd., Route 4, Box 765. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME SOPHIA GOEBEL

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Henry Goebel

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 28, (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	6	14	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Schuermann 4
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Bartels 4
15. Birthplace (City, town, or county) Alsace-Lorraine (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory & Mausoleum "Shrine of Roses", St. Louis County, Mo.

18. (a) Signature of funeral director Drehmann-Harral Undertakers
(b) Address 1905 Union Blvd., St. Louis, Mo.

19. (a) 3-18-48 (Date received local registrar) (b) Esther Rudloff (Register's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12, year 1948 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to February 12, 1948; that I last saw her alive on February 12, 1948, 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No autopsy.	

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PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature George W. Rouse (M. D. or other) M.D.

Address Farmington Mo. Date signed 2-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

Number 348-37

Date Filed 3-22-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by —

—, Registered Apprentice No.....,

working under my personal supervision.

Signed Paul C Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington Mo

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.)

If this body is not embalmed, fact should be so stated above.