

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

Do not use this space.

2559

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 3319, Illinois)

File No.....
Registered No. **147**
St. Ward)

2. FULL NAME John C. Goedecker

(a) Residence, No. 3319 Illinois St., 24 Ward.

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eleanor Goedecker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 17

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

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) St. Louis (STATE OR COUNTRY) Mo.

13. NAME August Goedecker

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

15. MAIDEN NAME Christina Maurer

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

17. INFORMANT Eleanor Goedecker (ADDRESS) 3319 Illinois Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE Jan. 6th, 1934

19. UNDERTAKER H. Schumacher (ADDRESS) 3013 Meramec St.

20. FILED AV - 4 1934 J. A. Briedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-1- 1934 to 1-4- 1934

I last saw him alive on 1-3- 1934. Death is said

to have occurred on the date stated above, at 1:30am.

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

Labor Pneumonia Date of onset

Other contributory cause of importance:

Chronic myocarditis

Name of operation none 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? no

If so, specify (Signed) L. F. Purpus (M. D.) (Address) 1831 - S. 9th St.

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1831 8. 9th Sh.

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