

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

30716  
 Do not use this space.

1. PLACE OF DEATH 2 1938

(a) County.....  
 (b) Township.....  
 (c) City..... (d) Street No. 2567 W. DODIER ST. 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.

Registered No. 8153

2. PRINT FULL NAME MARY GOEKE  
 (a) Residence, No. 2567 W. DODIER ST. St. 20  
 (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 FEMALE 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 HENRY GOEKE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 2, 1862

7. AGE YEARS 75 MONTHS 9 DAYS 11 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE  
 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

FATHER 13. NAME FRITZ GOEKE

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

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT HENRY GOEKE  
 (ADDRESS) 2567 W. DODIER ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. PETER AND PAUL SEPT. 16, 1938

19. FUNERAL DIRECTOR (ADDRESS) Goodpastor Goodhart  
2228 N. Jones Ave

20. FILED J. B. Buckner  
 Local Registrar

SEP 15 1938

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1937, to Sept 13, 1938  
 I last saw her alive on Sept 13, 1938 Death is said to have occurred on the date stated above, at 2:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Intestinal Nephritis Date of onset

Other contributory causes of importance:  
Chronic Myocarditis  
Chronic Arteritis  
 48.33  
 5 years  
 20 years

Name of operation None Date of.....  
 What test confirmed diagnosis? Clinically 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) E. A. Schweninger, M. D.  
 (Address) 4470 Victoria Bridge

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, Charles Goodhart Licensed Embalmer No. 2777  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles Goodhart  
L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Charles Goodhart  
Licensed Embalmer No. 2777

**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.)**