

REC'D APR 11 1939

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

10105  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township Washington Primary Registration District No. 1001  
(c) City St. Joseph (d) Street No. 315 South 12 Registered No. 262  
(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 59 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 37 yrs. mos. ds.

2. PRINT FULL NAME Adolph Goerman

(a) Residence, No. 315 South 12, St. Joseph, Mo. St.  (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 Elizabeth Goerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 9 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Merchant  
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) Hamm, Westphalia, Germany

FATHER 13. NAME Dedwich Goerman

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

MOTHER 15. MAIDEN NAME Elizabeth Suemper

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

17. INFORMANT Elizabeth Goerman  
(ADDRESS) 315 South 12, St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE March 15, 1939

19. FUNERAL DIRECTOR Walter Meierhoffer  
(ADDRESS) 1302 Faraon Street, St. Joseph

20. FILED Mar 15, 1939 H. J. Nestleburh  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1938, to March 13, 1939  
I last saw him alive on March 15, 1939. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of Rectum Date of onset unknown

Other contributory causes of importance: 4/10

Name of operation Removal of Prostate Date of May 19, 38  
What test confirmed diagnosis Microscopic 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 March 13, 1939  
Where did injury occur? St. Joseph, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Heart  
Nature of injury Coronary artery disease

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None

(Signed) Gustav J. Lou, M. D.  
(Address) Kirkpatrick Bldg. St. Joseph, Mo.

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, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

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

" L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*W. H. Kelly*

Licensed Embalmer No. Mo. 3946

**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.)**