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

32081

Do not use this space.

REC'D OCT 2 1939

1. PLACE OF DEATH

(a) County Cape 2 Registration District No. 125

(b) Township Cape 1 Primary Registration District No. 3009 Registered No. 304

(c) City Cape Girardeau Missouri (d) Street No. 415 William 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.

2. PRINT FULL NAME Helen ~~Goldeman~~ GOEDELMAN

(a) Residence, No. 415 William St. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo. ~~Goldeman~~ GOEDELMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 29, 1864

7. AGE: 74 YEARS, 8 MONTHS, 2 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ~~XXXX~~

9. Industry or business in which work was done, as saw mill, bank, etc. Hswork

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): Red Bud Illinois 1

FATHER

13. NAME: Ignatz Drolla 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France 6

MOTHER

15. MAIDEN NAME: Catherine Schirmer

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

17. INFORMANT (ADDRESS): Mrs. M. J. Wielpuetz 5447 7th st. Los Angeles

18. BURIAL, CREMATION, OR REMOVAL PLACE: Fairmont Cem. DATE: 9-5-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): L. L. Haman Cape Girardeau Missouri

20. FILED 9-1 1939 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept-1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug-26, 1939, to Sept 1, 1939. I last saw her alive on Aug 28-30, 1939. Death is said to have occurred on the date stated above, at ..... m.

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

Myocarditis

Date of onset

Other contributory causes of importance:

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 ....., 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? .....

If so, specify .....

(Signed) John St. Avit, M. D.

(Address) Cape Girardeau Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 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 L. L. Hanau

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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, above space should be left blank.