

FILED FEB 17 1940
791

Registration District No. 1000 Primary Registration District No. _____

1. PLACE OF DEATH: 1000
(a) County _____
(b) City or town Saint Louis, Missouri.
(c) Name of hospital or institution: 1438 Wright Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Jane Goeler
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Ben Goeler 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased August 26th, 1872. (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Mount Carmel Illinois. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____
12. Name Julius McClintock
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ben Goeler
(b) Address 1438 Wright Street.

17. (a) Removal (b) Date thereof Jan. 9th, 40. (Month) (Day) (Year)
(c) Place: burial or cremation Mount Carmel Illinois.

18. (a) Signature of funeral director Ziegenhain Bros.
(b) Address 2623 Cherokee Street.

19. (a) JAN 9 1940 (b) J. F. B. [Signature] (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 1
(c) City or town St Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 1438 Wright (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8. year 1940 hour 6 minute A. M.
21. I hereby certify that I attended the deceased from Nov 16th 1939, to Jan. 8 1940, that I last saw her alive on Jan. 7 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Gen. Liver.
Due to Carcinoma Liver.
Duration 2mo. 1yr.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations [Signature]
Of autopsy [Signature]
PHYSICIAN _____
Underline the cause to 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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. D. [Signature] (M. D. _____)
Address 2305 No. [Signature] Date signed _____

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..... *J. E. Morris*

Licensed Embalmer No. *3360*

P. O. Address *2623 Cherokee*

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.