

Registration District No. 2006

Primary Registration District No. _____

Registrar's No. 377

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4079 Alma
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 50 years

FILED FEB 17 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4079 Alma
(If rural, give location)
 (e) If foreign born, how long in U. S. A.: About 55 yrs years.

3. (a) PRINT FULL NAME Theophil J. Goretzki

3. (b) If veteran, name war --- 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Amalia Bischoff Goretzki 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased March 3 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Chair Factory

MOTHER FATHER { 12. Name Jacob Goretzki
 13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Amalia Goretzki
 (b) Address 7027 Gravois

17. (a) Burial (b) Date thereof 1/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director John J. Ziegenhein
 (b) Address 7027 Gravois
JAN 14 1940

19. (a) _____ (b) J. F. Brubaker
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
 year 1940 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 26/39
 _____, 1939, to 1/11, 1940
 that I last saw him alive on 12/25, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death, Chronic myocarditis & chronic nephritis Durations

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

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) Means of injury

23. Signature Albert Brubaker (M. D. or other) _____
 Address 3109 S. Grand Blvd Date signed 1/12/40

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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937³ Gravois

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.