DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19574

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1056

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Sappington Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lindbergh Route #6 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Sappington, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Route #6 Lindbergh
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William M. Goltermann 436

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lydia Goltermann

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased September (Month) 5 (Day) 1863 (Year)

8. AGE: Years 76 Months 8 Days 26 If less than one day hr. min.

9. Birthplace CAPPELIN (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Self

FATHER
12. Name Otto Goltermannn
13. Birthplace Capital (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Rickners
15. Birthplace o'Fallon (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Oliver Goltermann

(b) Address Route #6 Sappington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem. Beck Mo.

18. (a) Signature of funeral director C. Hoffmeister N-L Co.

(b) Address 7814 S. Broadway

19. (a) JUN - 3 1940 (Date received local registrar) (b) W. R. Meyer MD Dr PH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1940 hour 5 minute 25 p. M.

21. I hereby certify that I attended the deceased from Mar 21, 1938 to May 30, 1940 that I last saw him alive on May 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lymphatic Leukemia	3 yrs
Due to	
Due to 720	
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? 767 (Specify type of place)

While at work? (e) Means of injury

23. Signature Andrew Youngman (M. D. or other)

Address Sappington Mo Date signed 6/3/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X19511

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.