

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33921  
State File No. \_\_\_\_\_  
Registrar's No. **8618**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **27 Days**  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT  
FULL NAME **Ethel Goetz**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **George** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 15 1884**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**56 3 3** hr. min.

9. Birthplace **England** (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **Abraham Woodhall**

13. Birthplace **Unknown** **England** (City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Gardner**

15. Birthplace **Unknown** **England** (City, town, or county) (State or foreign country)

16. (a) Informant **Geo. Goetz**

(b) Address **1713 N. Grand Blvd.**

**Burial** (b) Date thereof **10-21-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**

(b) Address **1710 N. Grand Blvd.**

19. (a) **OCT 19 1940** (b) **J. F. Braden**  
(Date received and registered) (Registrar's signature)

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. **1713 N. Grand** (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **18**, year **1940** hour **6:15** minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from **September 22**, 19 **40** to **October 18**, 19 **40**  
that I last saw her alive on **October 18**, 19 **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Cerebral Hemorrhage - Rt.** Duration **26 days**

Due to **Essential Hypertension** **2 yrs.**

Due to **Generalized Cerebral Sclerosis** **8 yrs.**

Other conditions **Obesity** **?**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **none**

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) (Country) (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)

While at work? (e) Means of injury \_\_\_\_\_

23. Signature **W. Meisner** (M. D. or other) \_\_\_\_\_

Address **1515 Lafayette Ave.** Date signed **10/18/40**

**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.....

*Fred Frick*

Licensed Embalmer No..... 3186

P.O. Address..... St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**