

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

36348

NOV 2 1940

STANDARD CERTIFICATE OF DEATH

Registration District No. 784

Primary Registration District No. 260

State File No. _____

Registrar's No. 1979

1. PLACE OF DEATH:

- (a) County St. Louis
(b) City or town St. Louis, Missouri LE MAY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mount St. Rose Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9/16/40 to 10/17/40
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME GOEDDEL, RUTH

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-09-3067

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis Goeddel 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Sept. 11, 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 1 6 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Hanselman

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Smith

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Goeddel

(b) Address 2338 S. 12th St.

17. (a) Burial (b) Date thereof Oct. 21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakbury Cemetery

18. (a) Signature of funeral director Wm C. Mayhew

(b) Address 1926 Allen Ave

19. (a) OCT 18 1940 (b) AR. Mayhew
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 2338 South 12th Street.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17,
year 1940 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept. 16, 1940, to Oct. 17, 1940
that I last saw her alive on Oct. 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Fat advanced Pulmonary Tuberculosis Duration 3 mo.

Due to _____

Due to 23

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None done

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 _____

Signature G. E. Gerson (M. D. or other) I

Address 2338 S. 12th St. St. Louis Date signed 10-17-40

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

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 me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

W. B. Moydell

Licensed Embalmer No. 1467

P. O. Address

1926 Allen Ave

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.