

Registration District No. **79.1** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alva Richard Goen

3. (b) If veteran, name war No. 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 Olga 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased May 27 1908
(Month) (Day) (Year)

8. AGE: Years 32 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Goen

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

14. Maiden name Johnson

15. Birthplace St. Mare Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Olga Goen

(b) Address Daw, Illinois.

17. (a) Removal (b) Date thereof 12/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Daw, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) DEC 9 1940 (b) J. H. Brudech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County M.R.

(c) City or town Daw
(If outside city or town limits, write "RURAL")

(d) Street No. Rural # 1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th
year 1940 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from 12-4, 1940, to 12-7, 1940

that I last saw him alive on 12-7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Meningioma Duration

Due to _____

Due to _____

Other conditions 53
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Malignant Meningioma PHYSICIAN

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 Edward Massie (M. D. or other) _____

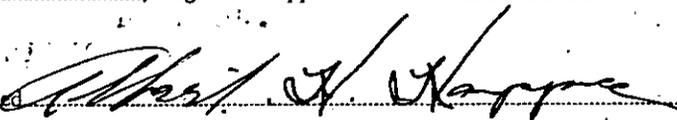
Address BARNES HOSPITAL Date signed _____

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 

Licensed Embalmer No. 1861

P. O. Address.....

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.