

o. 2
13-40
17-39
X23189

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 _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Isabelle (Belle) Goetz

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Gus Goetz 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 7, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 6 5 _____ 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 Phillipp J. Huber

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

14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Loretta Hulsey
(b) Address 5444a St. Louis Ave.,

17. (a) Burial (b) Date thereof 6/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)
Bethany

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) JUN 14 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 6.17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5444a St. Louis Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12,
year 1941 hour 5:40 minute P. M.

21. I hereby certify that I attended the deceased from June 8, 1941 to June 12, 1941
that I last saw her alive on June 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac hypertrophy
Hypertension

Other conditions.
(Include pregnancy within 3 months of death)
Aspirin

Major findings:
Of operations _____
Of autopsy 75

Duration
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 _____
23. Signature [Signature] (M. D. or other)
Address 1515 Lafayette Ave., 6/13/41
Date signed

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

Signed.....

Florry Eynck

Licensed Embalmer No.....

1284

P. O. Address.....

St Louis Mo

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, fact should be so stated above.