

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20567

State File No. _____

5379

Registration District No. 791

Primary Registration District No. _____

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Ann Goewert

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 _____

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

7. Birth date of deceased: April 13 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	--	2	15	hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Goewert

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

14. Maiden name Dorothy Needham

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

16. (a) Informant Harry Goewert

(b) Address 4928 Heege

17. (a) Burial (b) Date thereof 6-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director John Ziegler

(b) Address 7027 Gravois Ave

19. (a) JUN 30 1941 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

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

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

(d) Street No. 4928 Heege
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1941 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 4-13-41 to 6-28-41
that I last saw her alive on 6-28-41
and that death occurred on the date and hour stated above.

Immediate cause of death Interstital Broncho-pneumonia 3da. (Probably) aspiration pneumonia

Due to Pertussis

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 9

Of autopsy _____

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? _____

(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature George W. Sullivan
Address 421 W. Schumaker

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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..... *C. P. Kidwell*.....

Licensed Embalmer No. *3877*.....

P. O. Address *7027 Gravois*.....

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.