

MAILED SEP 15 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6974

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:  
Park Lane Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days  
In this community 20 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1710  
(d) Street No. 4131 a Pleasant St.  
(If rural, give location) 9  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27  
year 1941 hour 2 minute 00 A.M.  
21. I hereby certify that I attended the deceased from 8-16-41  
to 8-27-41 1941

that I last saw her alive on 8-27 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Adeno Carcinoma (Ovarian) Bilateral  
Metastasis Omentum  
+ Liver  
Due to \_\_\_\_\_  
Duration About 7 mos.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 6 months of death) \_\_\_\_\_

Main findings of operations: Adeno Carcinoma + Metastases  
Of autopsy \_\_\_\_\_  
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 W. T. Buddek (M. D. or other) W. T. Buddek  
Address 5379 River View Date signed 8/28/41

3. (a) PRINT FULL NAME Bertha Goetz

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-03-3859

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

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

7. Birth date of deceased March 6 1880  
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Indianapolis / Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Operator in Shop

11. Industry or business Bemis Bag Co.

12. Name Henry Goetz

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

14. Maiden name Margaret Weik

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

16. (a) Informant William Goetz

(b) Address 4131 a Pleasant St.

17. (a) Burial (b) Date thereof Aug 29 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Jacks - Schmale N. Eng. Co.

(b) Address 3634 Gravois Ave.

19. (a) AUG 28 1941 (b) W. T. Buddek  
(Date received local registrar) (Registrar's signature)

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

20  
17  
9

12

**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.....

*Frank J. Hyland*

Licensed Embalmer No.....

*2645*

P. O. Address.....

*St Louis*

**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.**