

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. **390**

FILED FEB 24 1947 91

Primary Registration District No. **1003**

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

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 D
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 Days**
(Specify whether
 In this community **71 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis, Mo**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2930 So 18 St**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **no**

3. (a) PRINT FULL NAME **Emil Goller**
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male D** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Anna M. Goller (nee Sem)** 6. (c) Age of husband or wife if alive **69** years
 7. Birth date of deceased **Jan 20 - 1870**
(Month) (Day) (Year)

8. AGE: Years **71** Months **11** Days **19** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Clerk**

11. Industry or business **Grocery - unemployed**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Anna E. Goller**

(b) Address **2930 So 18 St**

17. (a) **Burial** (b) Date thereof **1/14/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunsett Burial Park**

18. (a) Signature of funeral director **Joseph W. Wendenmiller**

(b) Address **203 Grannis Ave**

19. (a) **JAN 13 1942** (b) **J. F. Presidek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **January** day **11**,
 year **1942** hour **4:00** minute _____ A. M.

21. I hereby certify that I attended the deceased from **January 6**, 19 **42** to **January 11**, 19 **42**
 that I last saw him alive on **January 11**, 19 **42**
 and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis**

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) **AM**

Major findings:
 Of operations _____
 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? _____

(e) Means of injury _____
 23. Signature **M. M. Karl** (M. D. or other) _____
 Address **1515 Lafayette Ave.** Date signed **1/12/42**

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.....

Hulford J. Bunker

Licensed Embalmer No.....

4202

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, fact should be so stated above.