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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3523

Primary Registration District No. 107

Registrar's No. 355

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

1. PLACE OF DEATH:

(a) County: St. Louis, Clayton

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

(c) Name of hospital or institution: 0 2 hours
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis 96

(c) City or town: Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No.: 3547 Lexington 1
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Edward B. Goewart

3. (b) If veteran, name war: No.

3. (c) Social Security No. 486-22-4657

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: Single

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

7. Birth date of deceased: Feb. (Month) 23 (Day) 1922 (Year)

8. AGE: Years: 19 | Months: 11 | Days: 22 | If less than one day: ..... hr. ..... min.

9. Birthplace: Breese (City, town, or county) Ill (State or foreign country) /

10. Usual occupation: Riveter - Inspector

11. Industry or business: Curtis-Wright

FATHER
12. Name: John H. Goewart
13. Birthplace: Breese (City, town, or county) Ill. (State or foreign country) /

MOTHER
14. Maiden name: Emelie Grunz
15. Birthplace: Breese (City, town, or county) Ill. (State or foreign country) /

16. (a) Informant: John H. Goewart
(b) Address: 3547 Lexington, Overland

17. (a) Removal (Burial, cremation, removal) (b) Date thereof 2-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Breese Ill.

18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Ave.

19. (a) FEB 16 1942 (Date received local registrar) (b) C. H. McKern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 15 year: 1942 hour: 11 minute: P M.

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

Immediate cause of death: Struck by a hit & run automobile while a pedestrian on a public highway.

Due to: Hemothorax; Bilateral hemoperitoneum; Fracture of left

Due to: femur & right ankle; frac. of left forearm.

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

Major findings:
Of operations: 170 c 4 / 1 / 0

Of autopsy: Yes.

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): Accident
(b) Date of occurrence: Feb. 15, 1942 0916
(c) Where did injury occur? 9800 St. Charles Rd. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? ..... (e) Means of injury: 3

23. Signature: Louis H. Berg Coroner (M.D. or other)
Address: Kirkwood, Mo. Date signed: 2/16/42

(Licensed Embalmer's Statement on Reverse Side)

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 James G. Sullivan

Licensed Embalmer No. 1122

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.