S. No. 2
I—9-4-41
. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8601

FILED APR 8 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2506

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 19 000 17 9
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4424 McPherson Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Goellner
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Catherine M. Goellner
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased July 12th., 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	8	6	hr. min.

9. Birthplace St. Paul (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Retired
11. Industry or business Automobile Business
FATHER
12. Name Anton Goellner
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Sophia Booze
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Mrs. Gladys LeBow
(b) Address 4424 McPherson Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul, Mo.
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) MAR 20 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1942 hour 8:00 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 14, 1942, to March 18, 1942, that I last saw him alive on March 18, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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? (Specify type of place)
While at work (e) Means of injury 0
23. Signature [signature] M.D. (M.D. or other)
Address 1515 Lafayette Date signed 2/19/42

(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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.