No. 2
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5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 22780

Registrar's No. 6103

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(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 / (Specify whether
In this community 5 Days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 16

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 5309 Michigan Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MICHAEL J GOETZ

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race 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 3 (Month) 1907 (Day) (Year)

8. AGE: Years 35 Months 4 Days 14 If less than one day hr. min.

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

10. Usual occupation PRINTER

11. Industry or business

FATHER
12. Name Andrew Goetz
13. Birthplace Hungary (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA GIER
15. Birthplace Hungary (City, town, or county) (State or foreign country)

16. (a) Informant Andrew Goetz
(b) Address 5309 Michigan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 42 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Thorkutis & Son
(b) Address 2906 Gravois Ave.

19. (a) JUL 19 1942 (Date received local registrar) J. F. Bresch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1942 hour 4 00 P.M. minute M.

21. I hereby certify that I attended the deceased from July 12, 1942, to July 17, 1942
that I last saw him alive on July 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Perforating Gastric Ulcer — Duration 5 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforation posteriorly 1" above pylorus

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 2924 S. Grand Date signed 7/8/42

844 (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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Harris

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.