. S. No. 2
M—9-4-41
ev. 5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31982

State File No.

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8488

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: Christian Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 911
(If outside city or town limits, write "RURAL")

(d) Street No. 3843a Lincoln Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward W. Goedeke

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

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 May (Month) 26th (Day) 1879 (Year)

8. AGE: Years 63 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Salesman Retired

11. Industry or business

FATHER
12. Name Herman Goedeke
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Louisa Sarpy
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Millie Weber
(b) Address 4515 Morganford Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 13 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th year 1942 hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from 9/15, 1942 to 10/12/42, 19; that I last saw him alive on 10/12/42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration

Due to

Due to

Other conditions Prostatitis, Chr. Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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) No
(b) Date of occurrence No
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? No (e) Means of injury No

23. Signature Paul Bernstorff (M. D. or other) 0
Address 3919 W. Pleasant Date signed 10/13/42

(Licensed Embalmer's Statement on Reverse Side)

3919 W. Florissant 1-3
Ro: 3080, Yorktown 1145

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 Edwin A. McDermott

Licensed Embalmer No. 3024

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.