

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 20 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **477**

1. PLACE OF DEATH:

(a) County **ST LOUIS**  
(b) City or town **ST LOUIS**  
(c) Name of hospital or institution:  
**6703<sup>1</sup>/<sub>2</sub> PENNSYLVANIA**  
(d) Length of stay: In hospital or institution..... (Specify whether

In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **000**  
(c) City or town **ST. LOUIS**  
(d) Street No. **6703<sup>1</sup>/<sub>2</sub> PENNSYLVANIA**  
(e) Citizen of foreign country? (Yes or No) **0**  
If yes, name country.....

3. (a) PRINT FULL NAME **CAROLINE GOEKE**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **JOHN** 6. (c) Age of husband or wife if

7. Birth date of deceased **SEPT. 25 1874**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**68 3 23** hr. min.

9. Birthplace **ST LOUIS MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **JOSEPH SCHNIEDERS**

12. Name **JOSEPH SCHNIEDERS** 13. Birthplace **GERMANY**

14. Maiden name **LOUISE LINEMANN** 15. Birthplace **ST LOUIS MO**

16. (a) Informant **JOHN GOEKE**

(b) Address **6703<sup>1</sup>/<sub>2</sub> PENNSYLVANIA**

17. (a) **BURIAL** (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation **NEW SS PETER PAUL CH**

18. (a) Signature of funeral director **J. P. Bredeck**

(b) Address **7124 Michigan**

19. (a) **JAN 18 1943** (Date received local registrar) (b) **J. P. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **17**  
year **1943** hour **2** minute **30 P.** M.

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

Immediate cause of death  
**Multiple Regurgitation  
Cardiac Hypertrophy**

Due to.....  
Due to..... **92**

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

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
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?

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

23. Signature **Alfred Perry** (M. D. or other).....  
Address **St. Louis** Date signed **1/18/43**

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

MOTHER FATHER

**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.....

*Harry J. Schumaker*

Licensed Embalmer No. 2679

P. O. Address. 732 7th Ave

**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.**