

V. S. No. 2
FORM-5-42
Rev. 5-17-39
I X32873

3418/

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 10 1943

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 252

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
12

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

(d) Street No. 2925 Missouri
(If rural, give location)
No

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

3. (a) PRINT FULL NAME Catherine Goettke

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Leonhard Goettke 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 15, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>1</u>	<u>15</u>	_____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Francis H. Pree Germany

13. Birthplace Mary A. Sand Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Adele Heinzer Germany
(City, town, or county) (State or foreign country)

16. (a) Informant 2925 Missouri

(b) Address Burial (b) Date thereof 2/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John H. Sittler
2630 Gravois

(b) Address _____
19. (a) FEB 2, 1943 (b) C. P. Mc Laran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
year 1943 hour 2:40 minute P. M.

21. I hereby certify that I attended the deceased from Nov 8 to Jan 30, 1943.
that I last saw her alive on Jan 30, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 4 days

Due to Hypertension 4 days?

Due to _____

Other conditions Chronic Myocarditis 2 yrs?
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 McLaran (M. D. or other) _____
Address 427 Metropolitan Date signed 2-7-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

96
8
3

3-223

FEB 24 1948

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

Robert J. Gibben

Licensed Embalmer No. *7144*

P. O. Address

2630 Spruce

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.