

Registration District No. 305

Primary Registration District No. 4452

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ 43 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County St. Charles

(c) City or town Wentzville
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Ferdinand Joseph Goellner

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 Married

6. (b) Name of husband or wife Lizzie Goellner 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 20 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Live stock dealer

11. Industry or business _____

12. Name Anton Goellner

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

14. Maiden name Hedra Boas

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

16. (a) Informant Lizzie Goellner

(b) Address Wentzville

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb 17 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Wentzville, Mo

18. (a) Signature of funeral director Wentzville, Mo

(b) Address _____ (c) Date received local registrar 2-15-43

(d) Registrar's signature Hertrude S. Genette

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14th year 1943 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____
Coroner's Viewing of Body _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 15 min

Due to Gen Art. Sclerosis 10 yrs?

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations No.

Of autopsy No

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? _____

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

23. Signature R. P. Perich M. D. of office _____
Address St. Charles, Mo Date signed 2/14/43

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 T. E. Peterson

Licensed Embalmer No. 2711

P. O. Address Wentzville, Mo.

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.