S. No. 2
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5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12169

FILED APR 19 1943

Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 3169

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

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 46

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

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

N.R.

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

If yes, name country

3. (a) PRINT FULL NAME George Goetz

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Agnes Goetz

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 26, 1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	0	5	hr. min.

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

10. Usual occupation Retired

11. Industry or business Coal Dealer

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

MOTHER
14. Maiden name Don't Know
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Goetz
(b) Address Kimmswick Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 3, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) APR 9 1943 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

APR 9 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1943 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 29, 1943, to March 31, 1943, that I last saw him alive on March 31, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peridonitis from Ruptured Colon	2 days
Due to Ca. of Sigmoid Flexure	?
Complete Intestinal Obstruction	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations confirmed above
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 J. Lewis Hutton (M. D. or other) M.D.
Address 3606 Francis Date signed 4/2-43

(Licensed Embalmer's Statement on Reverse Side)

Dr Hutton

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 Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.