

FILED JUN 10 1943 318

Registration District No.....

Primary Registration District No.....

1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4969 Mardel /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Mathilda Goetz

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, Married  
6. (b) Name of husband or wife John Goetz 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased April 9 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 1 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER  
12. Name Albert Winter  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Langley  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant John R. Goetz  
(b) Address 4969 Mardel

17. (a) Burial (b) Date thereof 6/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter-Paul Cem.

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec

19. (a) JUN 9 1943 (b) J. J. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4969 Mardel  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7  
year 1943 hour 5.00 minute P. M.

21. I hereby certify that I attended the deceased from March 18 1941  
19..... to June 7 19.....  
that I last saw her alive on June 7 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebrovascular disease  
Chc. Myocarditis  
Chc. Arteriosclerosis

Duration  
2 yrs  
2 yrs

Due to.....  
Due to.....  
Other conditions.....  
(Include 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 Engene A Vogel M.D. or other) M.D.  
Address 3325 S Grand Date signed 6-9-43

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

2 To 4 P.M.  
PR 0549  
S. GRAND

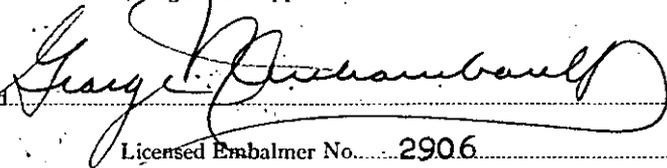
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**George N. Archambault**

Registered Apprentice No. **XXX XX**

working under my personal supervision.

Signed .....  
Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec 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.**