

FILED DEC 22 1943  
Registration District No. 318

Primary Registration District No. 1003

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

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

(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

In this community 40 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
115

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

(d) Street No. 5629 Clemens Avenue  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME HERMAN FREDERICK GOETZ

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Stella K Goetz

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct 7 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 29  
If less than one day hr. 7 min. 1

9. Birthplace Terra Haute Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Doctor

11. Industry or business Osteopath

MOTHER FATHER

12. Name Frederick Louis Goetz

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

14. Maiden name Matilda Bagauy

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

16. (a) Informant Mrs. Stella K Goetz

(b) Address 5629 Clemens

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Alexander Ed Lane

(b) Address 6175 Delmar Blvd.

19. (a) DEC 8 1943 (Date received local registration) (b) J. F. [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6  
year 1943 hour 8:45 minute P M.

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

Immediate cause of death: Dislocation of 2nd Cervical Vertebra with injury to Cord - cause of fracture of same could not be determined Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 115

Major findings: H/O

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict

(b) Date of occurrence 12-9-1943

(c) Where did injury occur? intentional  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(28) intentional  
(Specify type of place)

While at work? intentional (e) Means of injury intentional

23. Signature Thomas F. Callahan (M.D. or other) \_\_\_\_\_  
Address Deputy Coroner Date Dec 8-43

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**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 *Thomas P. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address. *St Louis 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.**