

Registration District No. 10

Primary Registration District No. 3058

Registrar's No. 213

1. PLACE OF DEATH

(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (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 Mary Elizabeth Goellner

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased Sept 12 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Gilmore, MO
(City, town, or county) (State or foreign country)

10. Usual occupation Home duties

11. Industry or business Apt Willard

12. Name Gilmore, Mo.

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

14. Maiden name Goellner

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

16. (a) Informant August Willard

(b) Address Gilmore, Mo.

17. (a) Burial (b) Date thereof Dec 29 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville

18. (a) Signature of funeral director [Signature]

(b) Address Wentzville, Mo.

19. (a) 12-27-43 (b) Emst L. Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 24 1943 to Dec 26 1943 that I last saw her alive on Dec 26 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute auricular thrombosis Duration 12 hr

Due to Chronic myocardial degeneration

Due to 122a1

Other conditions measles, enlarged heart
(Include pregnancy within 3 months of death)

Major findings: enl femoral hernia
Of operations discovered enlarged heart
Of autopsy enl femoral hernia

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 Vincent Schneider (M. D. or other) MD

Address St. Charles, Mo Date signed 12/30/43

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

MOTHER FATHER

1340

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.....

J. C. Pitman

Licensed Embalmer No. *2711*

P. O. Address *Wentzville*

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.