S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1944 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1005

State File No. 5153

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 1941

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution: Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town City of St. Louis 91
(If outside city or town limits, write "RURAL")

(d) Street No. 7426 Minnesota Avenue
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ferdinand I. Goetz

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race 0 white

6. (a) Single, widowed, married, divorced 1 married

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

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

7. Birth date of deceased June (Month) 8 (Day) 1867 (Year)

8. AGE: Years 76 Months 8 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation retired 12 yrs. Mail carr

11. Industry or business .....

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Louise Goetz

(b) Address 7426 Minnesota Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-28-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Mauseluem

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) FEB 28 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th year 1944 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1/8/44 ....., 19..., to 2/24/44, 1944 that I last saw him alive on 2/24/44, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction

Due to Cancer of prostate

Due to .....

Other conditions 51
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

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? ..... (Specify type of place)

(e) While at work? ..... (e) Means of injury 0

23. Signature E. C. Kenzle (M. D. ~~or other~~)

Address 3805 S. Broadway Date signed 2/20/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Kienzle
3803 So. Broadway
2-3 Friday

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.