S. No. 2
OM—2-43
y. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 26 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 12824

Registration District No. 314 Primary Registration District No. 1003 Registrar's No. 3622

**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: Lutheran Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 96

(a) State Mo. (b) County St. Louis
(c) City or town Kimmswick
(If outside city or town limits, write "RURAL") N.B.
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Viola L. Goettelmann

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August (Month) 2 (Day) 1895 (Year)

8. AGE: Years 48 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Busse
13. Birthplace St. Louis (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Emma Hell
15. Birthplace St. Louis (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant John Goettelmann
(b) Address Route #1 Kimmswick, Mo.

17. (a) Entombed (Burial, cremation, or removal) (b) Date thereof 4/20/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Mausoleum

18. (a) Signature of funeral director Jas. P. Fendler Jr.
(b) Address 7128 Michigan Ave.

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 17 year 1944 hour 2.15 minute P. M.

21. I hereby certify that I attended the deceased from November 22, 1943 to April 17, 1944 that I last saw her alive on Apr 17, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of right ovary — Duration 6 Mo

Due to

Due to

Other conditions Hypertension (Include pregnancy within 3 months of death) — Chronic

Major findings:
Of operations
Of autopsy Sarcoma R ovary - Metastasis of peritoneum + R pleura

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 Roy [illegible] (M. D. ~~or other~~)
Address 7702 Lyons Av. Date signed 4/19/44

(Licensed Embalmer's Statement on Reverse Side)

## 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. XXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

**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.**