

FILED APR 26 1944 18

Primary Registration District No. 1003

Registrar's No. 3506

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community 43 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1005 N. 12th St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Richard Goiter

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

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive 2 years  
7. Birth date of deceased UNKNOWN  
(Month) (Day) (Year)

8. AGE: 69 Years Months Days If less than one day  
hr. min.

9. Birthplace Russelville, Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business

MOTHER, FATHER { 12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. Goiter

(b) Address 3947 Cook Ave.

17. (c) Burial (b) Date thereof 4 17 44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Washington Park Cemetery

(c) Place: burial or cremation

18. (a) Signature of funeral director R. H. Beal and Co.

(b) Address APD 27 1045

19. (a) APD 27 1045 (b) J. F. Beal and Co.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9,  
year 1944 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 6, 1944 to April 9, 1944:  
that I last saw him alive on April 9, 1944:  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease (degenerative) Autopsy

Due to Unk.

Due to Unk.

Other conditions (Include pregnancy within 3 months of death) 9/3

Major findings: Of operations 9/3

Of autopsy

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 plus no use (M. D. or other) \_\_\_\_\_

Address 300 W. 12th St. Date signed 4/10/44

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

**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 *W. D. Richards*  
Licensed Embalmer No. *2928*  
P. O. Address *2625 Abingdon*

**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.**