V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32013
State File No.

FILED OCT 23 1944

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 8763

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

1. PLACE OF DEATH:
(a) County
(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:
3927 ~~Dunita St~~ Juniata St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3927 Juniata St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

Ward 17 169

3. (a) PRINT FULL NAME Adele N Anthes
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 Widowed
6. (b) Name of husband or wife Peter C
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 23 (Day) 1863 (Year)

8. AGE: Years 81 Months 3 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housework
11. Industry or business at Home
FATHER
12. Name Paul Goschen
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Sophia Peters
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Mrs Ella Schuster
(b) Address 3927 Juniata St
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10 (Month) 16 (Day) 44 (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway
19. (a) OCT 16 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1944 hour 5.30 AM minute A. M.
21. I hereby certify that I attended the deceased from Oct 11th 1944, to Oct 14th 1944, that I last saw him alive on Oct 13th 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 days
Due to Arterio Sclerosis	?
Due to Hypertension	?
Other conditions (Include pregnancy within 3 months of death) Senility	
Major findings: Of operations	
Of autopsy	

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 0
23. Signature Arnold Klaus (M. D. or other) MD
Address 2632 S. Kingshighway Date signed 10-14-44

(Licensed Embalmer's Statement on Reverse Side)

Dr A G Kline
So. Kingshighway

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.....Edwin D. Mc Dermott

Licensed Embalmer No.....3024

P. O. Address.....

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.