V. S. No. 2
100M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

14216

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32321

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 8668

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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 172

(c) City or town St Louis Mo
(If outside city or town limits, write "RURAL") 9

(d) Street No. 1242 S Broadway.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bert Goble

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Anna Goble

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased FEB (Month) 14 (Day) 1883 (Year)

8. AGE: Years 61 Months 7 Days 14 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business

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

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

16. (a) Informant Anna Goble
(b) Address 1242 S Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13-44 (Month) (Day) (Year)
(c) Place: burial or cremation St Matthew Cem

18. (a) Signature of funeral director E. J. Schmer
(b) Address 3125 Lafayette

19. (a) OCT 12 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th
year 1944 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from 10/4/44, 19 , to Oct. 10th, 1944;
that I last saw him alive on Oct. 10th, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage

Due to Carcinoma of Prostate

Due to

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

Major findings:
Of operations

Of autopsy Carcinoma of Prostate

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)

While at work? (e) Means of injury

23. Signature E. W. Cyrbrunn (M. D. or other)

Address 1515 Lafayette Date signed 10/10/44

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Joe B. Vollmer

Licensed Embalmer No. 4014

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.