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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 38776

Registrar's No. 2346

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 9/25/44 (Specify whether
In this community Not known
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macoupin 999

(c) City or town Staunton 11
(If outside city or town limits, write "RURAL") 0

(d) Street No. 839 E Mills
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GOHE, John S. (Army Spelling)
GOEHE, John Sylvester (Correct Sp)

3. (b) If veteran, name war SPAW

3. (c) Social Security No. none

4. Sex M 0

5. Color or race White

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

6. (b) Name of husband or wife May A. Goehe

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

7. Birth date of deceased July 28, 1877 (Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 19 If less than one day hr. min.

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

10. Usual occupation Cigar Maker

11. Industry or business -

FATHER
12. Name Not known
13. Birthplace " " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Vet. Adm. Records
(b) Address Jefferson Barracks, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov.17,1944 (Month) (Day) (Year)
(c) Place: burial or cremation Staunton, Illinois

18. (a) Signature of funeral director C.HOFFMEISTER U.& L.CO.
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) NOV 18 1944 (Date received local registrar) (b) E. G. McGovran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
year 1944 hour 1:25 minute A. M.

21. I hereby certify that I attended the deceased from September 25, 1944 to November 16, 1944;
that I last saw him alive on November 16, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARCINOMA OF RECTUM WITH EXTENSION TO PROSTATE AND METASTASES TO LIVER AND REGIONAL GLANDS	Unk.
Due to None	
Due to None	
Other conditions (Include pregnancy within 3 months of death)	

46 f

Major findings: Of operations ABDOMINAL EXPLORATORY AND COLOSTOMY 7/31/44
U. S. Vets.Hosp.,Hines, Ills.
Of autopsy None

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) No
(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 W. A. GERMAN, M.D. (M. D. or other)
Chief Medical Officer
Address Vet.Adm.Fac.,Jeff.Brks.,Mo. Date signed 11-16-44

(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 Harry J. Schamacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay ferry rd

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.