

FILED DEC 27 1944

318

1003

10516

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0 (Specify whether  
In this community Mayo Goche  
years, months or days)

3. (a) PRINT FULL NAME

ANDRES GOETTE

3. (b) If veteran, name war none

3. (c) Social Security No. 703-01-9754

4. Sex Male

5. Color or race White Mexican

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

6. (b) Name of husband or wife Mexican

6. (c) Age of husband or wife if 1901 years

7. Birth date of deceased November 30, 1901  
(Month) (Day) (Year)

8. AGE: 43 Years 0 Months 9 Days

If less than one day

9. Birthplace Monterrey, Mexico

(City, town, or county)

Mexico

(State or foreign country)

10. Usual occupation Section laborer

11. Industry or business Missouri Pacific R. R. Co.

Name Bruno Goette Goche

12. Birthplace Unknown Mexico

(City, town, or county)

Mexico

(State or foreign country)

13. Maiden name Catalina Torres

14. Birthplace Unknown Mexico

(City, town, or county)

Mexico

(State or foreign country)

16. (a) Informant: Mrs. David Godinez

(b) Address 218 S. Forest - Chanute, Kansas

17. (a) Removal

(b) Date thereof 12/8/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Chanute, Iowa, Kansas

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) (Date received local registrar)

(b) J. F. Medeck  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Toronto  
(c) City or town Toronto  
(If outside city or town limits, write "RURAL")  
(d) Street No. NR  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9<sup>th</sup>  
year 1944 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from 7/22  
1944, to 12/9, 1944

that I last saw him alive on 12/9/44, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac failure

Due to

Cardiac decomp.

Due to

Chr. myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Ca. pancreas - Primary

Major findings

Cholangitis

Ca - generalized

Of autopsy

Duration

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?

While at work? (Specify type of place) (e) Means of injury U

23. Signature J. Schlenker (M. D. or other)  
Address Toronto Pac. Hosp. Date signed 12/8/44

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

MOTHER FATHER  
Can't find info  
12/8/44

**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.....

Licensed Embalmer No. 1994.....

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.**

A F F I D A V I T

3935-8-47

To Whom It May Concern:

This is to certify that I, Mrs. David Godinez of 1213 South Forest Ave., Chanute, Kansas, am a niece of Andres Mayo Goche, deceased. I further certify that the following information to be used in connection with vital statistics is correct:

Andres Mayo Goche, social security No. 703-01-9744, was a Mexican being born in Naranga Micheacon, Mexico on the 30th day of November 1901. The balance of the information given on the death certificate filed in St. Louis, Missouri is correct.

Mrs. David Godinez

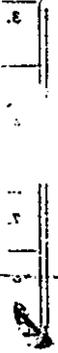
State of Kansas )  
County of Neosho) ss

Subscribed and Sworn to before me this 18th day of December,  
1944.

W. Marcus Barber,  
Notary Public

My commission expires Dec. 28-1947-

*Palmer*



WKE

DLAC BYCK