S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18744

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5648

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Jewish Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8 wks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Allenton
(If outside city or town limits, write "RURAL")

(d) Street No. 2nd St NR
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Orville Goff

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife Emma

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

7. Birth date of deceased Sept (Month) 15 (Day) 1883 (Year)

8. AGE: Years 61 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation Oiler

11. Industry or business Airplane Factory

FATHER
12. Name Geo W Goff
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Martha Collins
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Kemp Goff
(b) Address 34 Seeman - Webster Groves Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-45 (Month) (Day) (Year)

(c) Place: burial or cremation Allen Cem Allenton Mo

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin Mo

19. (a) JUN 29 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1945 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 22, 1945, to June 26, 1945 that I last saw him alive on June 26, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	Few days
Due to: Hypertension	
Due to: Hypertensive + art. sclerosis heart dis.	Years
Nephrosclerosis	"
Other conditions (Include pregnancy within 3 months of death): Pneumonia lobar	Few days

Major findings:
Of operations 108
Of autopsy Nephrosclerosis Hypertensive H.D. Lobar pneumonia

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 Llewellyn Sale (M. D. or other)

Address 4500 Olive Date signed 6/27/45

(Licensed Embalmer's Statement on Reverse Side)

5648

5648

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address Ol Lewis & Ms

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.