S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

FILED DEC 7 1945

State File No. 35313

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10206

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: St. Louis, City Hospital # 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 0 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County

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

(d) Street No. 1874 S.14 Str. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Goetz (Getz) (Gotz)

3. (b) If veteran, name war No.

3. (c) Social Security No. 492-016485

4. Sex Male 0

5. Color or race Wht.

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

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov. (Month) 23, (Day) 1885 (Year)

8. AGE: Years 60 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Shoe Worker 6

11. Industry or business

FATHER
12. Name John Goetz
13. Birthplace Czechoslovakia 6 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Sleno
15. Birthplace Czechoslovakia 6 (City, town, or county) (State or foreign country)

16. (a) Informant Emma Goetz

(b) Address 1874 S.14 Str,

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/26/45 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Wm. L. Mondell

(b) Address 1926 Allen Ave.

19. (a) NOV 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 24 year 1945 hour 12;00 minute P M.

21. I hereby certify that I attended the deceased from 11/8/45, 19, to 11/24/45, 19; that I last saw her alive on 11/24/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Hypertensive Cardio-Vasc. Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 0

23. Signature R. M. A. Turner (M.D. or other)

Address 1515 Lafayette Ave Date signed 11/24/45

(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 Benj. C. Duncan

Licensed Embalmer No. 2292

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.**