

FILED JAN 5 1946
 Registration District No. 277

Primary Registration District No. 6076

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

1. PLACE OF DEATH: St Louis
 (a) County LeMay
 (b) City or town LeMay
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 324 Hoffmeister
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Helan Goeke
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Joseph Goeke 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased April 5 1872
 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Mo. (City, town, or county) (State or foreign country) 0
 10. Usual occupation House Wife
 11. Industry or business At Home

MOTHER FATHER { 12. Name Henry Kohlberg
 13. Birthplace Germany (City, town, or county) (State or foreign country) 4
 14. Maiden name Elicebeth Tepper
 15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Joseph Goeke
 (b) Address 324 Hoffmeister
 17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 12/29/45
 (Month) (Day) (Year)
 (c) Place: burial or cremation Old S Speter Paul

18. (a) Signature of funeral director Fendler Undertaking
 (b) Address 7420 Michigan Ave

19. (a) 1-2-46 (Date received local registrar) (b) E. M. Dorman M.D. (Registrar's signature) msw

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St Louis 96
 (c) City or town LeMay 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 324 Hoffmeister 0
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec 24 day, year 1945 hour 7 P.M. minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw her alive on Dec, 25, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Malacoux of face,
 Due to _____ 55 yr
 Due to _____
 Other conditions myocarditis
 (Include pregnancy within 3 months of death)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations _____
 Of autopsy _____

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 _____
 23. Signature Marilda J. The (M. D. or other) _____
 Address 710 Michigan E. Date signed 12/2

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 *W E Morris*.....

Licensed Embalmer No. *3360*.....

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.