V. S. No. 2
50M—5-42
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31760

State File No.

FILED SEP 16 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2225

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

30391

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: 1126 Lawn Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 23 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1126 Lawn Ave. 8 10
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie L. Godert
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 Widow
6. (b) Name of husband or wife Joseph W.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 28 (Day) 1865 (Year)

8. AGE: Years 80 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Harrisburg (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Home
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 4
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 6
16. (a) Informant Margaret Twiehaus
(b) Address 1126 Lawn Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews
18. (a) Signature of funeral director Wachter-Wehlerle
(b) Address 3634 Gravois Ave.
19. (a) SEP 7 1946 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4 year 1946 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from May 1, 1946, to Sept 4 1946; that I last saw her alive on Sept. 3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebrovascular (Cardio-vascular-renal Syndrome) 20 yrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 Andrew G. Klein (M. D. or other) M.D.
Address 4632 So Grand Date signed 9-6-46

(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 Robert Cwheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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.