

FILED MAR 14 1947

Registration District No. **318**

Primary Registration District No.

Registrar's No. **2373**

1. PLACE OF DEATH:

(a) County MISSOURI
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2724 ANN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 80 YRS. (Specify whether years, months or days)

3. (a) PRINT FULL NAME CAROLINE GOETZ

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

7. Birth date of deceased NOVEMBER 4 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 3 If less than one day hr. min.

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

10. Usual occupation WIDOW

11. Industry or business AT HOME

12. Name JOHN SCHWEIKARDT

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant GERTRUDE FISCHER

(b) Address 2724 ANN

17. (a) BURIAL (b) Date thereof MAR. 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW PICKER CEM.

18. (a) Signature of funeral director Thomas Kutis

(b) Address 2906 GRAVOIS

19. (a) MAR 8 1947 (b) J. Schubert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2724 ANN
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 7
year 1947 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from Mar 2 1947 to Mar 7 1947
that I last saw him alive on Mar 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Atypical virus pneumonia
Due to

Due to 109 a
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?

While at work? (Specify type of place) (b) Means of injury
23. Signature R. Berg (M. D. or other)
Address 253 Belmont Date signed 3/7/47

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

MOTHER FATHER

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 Leaf Buddle

Licensed Embalmer No. 3989

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.