

S. No. 2
M-5-43
y. 5-17-39
D I X36871

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **2120**

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

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:
5414 N. Euclid
(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)

3. (a) PRINT FULL NAME Mabel Elizabeth Goehler

3. (b) If veteran, name war..... None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife..... Frederick A.

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased..... April 21 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>2</u>	<u>15</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name William Herr

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Katie Hummel

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frederick A. Goehler

(b) Address 5414 N. Euclid

17. (a) Burial (b) Date thereof 7/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Provant Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) JUL 1 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 5414 N. Euclid
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 6
 year 1947 hour 6 minute 15 Pm.

21. I hereby certify that I attended the deceased from Sept 16 1884 to July 6 1947
 that I last saw him alive on July 1 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of gall bladder with metastasis to stomach liver spleen

Other conditions (include pregnancy within 3 months of death) January 1947
Carcinoma of gall bladder

Major findings: metastasis to liver stomach & spleen

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? ✓

While at work? ✓ (Specify type of place)

(2) Means of injury.....

23. Signature F. R. Finnegan (M. D. or other) MD

Address 539 N. Grand Blvd. St. Louis 8 Date signed July 7 1947

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..... *V. E. Maris*

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.