S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
Michigan Office of Vital Statistics

FILED AUG 8 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25559

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2195

WRITE PLAINLY—USING 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 Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4973 Genevieve Ave 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Goerke
3. (b) If veteran, name war None
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 Louis H. Goerke
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased September 13, 1889 (Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Henry Horst
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Marie Jennett
15. Birthplace Unknown (City, town, or county) Switzerland (State or foreign country)
16. (a) Informant Louis H. Goerke
(b) Address 4973 Genevieve Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave
19. (a) AUG 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 6 day 31 year 1947 hour 6 minutes 35 A.M.
21. I hereby certify that I attended the deceased from July 10, 1947 to July 31 1947 that I last saw her alive on July 31, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	—
Due to Coronary Thrombosis	—
Due to Cardio Vascular Degeneration	6+ yrs
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	11 yrs

Major findings:
Of operations —
Of autopsy —

61

PHYSICIAN
Underline the cause of 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 D. F. J. Fellning (M. D. or other)
Address 8321 No Bdway Date signed 7/31/47

Jefferson City Printing Co. (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. Gustav W Dietrich

Licensed Embalmer No. 4329

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.