S. No. 2
1—8-43
5-17-39
P1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 30 1947

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5182

State File No. 42430

Registrar's No.

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Bellflower Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 30 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Bellflower (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Goetemann
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Maregaret Goetemann
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 4 (Day) 1865 (Year)
8. AGE: Years 82 Months 7 Days 17 If less than one day hr. min.
9. Birthplace St Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business General Duties
MOTHER FATHER
12. Name Unknown
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 George A. Goetemann
(b) Address Bellflower Mo R.F.D. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem St Louis
18. (a) Signature of funeral director Alan A. Jones
(b) Address Bellflower Mo.
19. (a) Dec 24 1947 (Date received local registrar) (b) Jm F. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1947 hour 10 minute 00 A.M.
21. I hereby certify that I attended the deceased from Dec 18, 1947, to Dec 22, 1947 that I last saw him alive on Dec 21, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	5 Days
Due to Hypertension	?
Due to Cardio Renal Vascular Disease	years
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 2
23. Signature W. J. Wellman M.D. (M. D. or other)
Address Montgomery City Mo. Date signed Dec 22-47

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 1948

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

Me, Registered Apprentice No.

working under my personal supervision.

Signed Oland A Jones

Licensed Embalmer No. 2973

P. O. Address Bellflower 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.