

FILED APR 12 1948  
 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3195**

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:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... 11 days  
(Specify whether

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State..... Missouri (b) County.....  
 (c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3919 Humphrey St.  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** William Goerisch  
 3. (b) If veteran, name war..... -- 3. (c) Social Security No.....

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month March day 31  
 year 1948 hour 7 minute 35 P. M.  
 21. I hereby certify that I attended the deceased from March 21  
1948 to March 31 1948  
 that I last saw him alive on March 31 1948  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife..... Elizabeth  
 6. (c) Age of husband or wife if alive 81 years  
 7. Birth date of deceased..... Sept. 27 1861  
(Month) (Day) (Year)

Immediate cause of death	Duration
<u>Pulmonary Embolism, caused by mural Thrombus of Right Ventricle</u>	
<u>Due to Gynecologic Appendage</u>	
<u>Chronic Cardio-Vascular</u>	
<u>Due to Renal Disease</u>	
<u>General Arterio Sclerosis</u>	
<u>Other conditions: (3) Intestinal Obstruction</u>	
<u>(Include pregnancy within 6 months of death)</u>	
<u>due to Strangulated Right Inguinal Hernia</u>	
Major findings: <u>Inguinal Hernia</u>	PHYSICIAN Underline the cause to which death should be charged statistically.
Of operations: <u>Operated upon - 3-21-48</u>	
Of autopsy: <u>April 1-1948</u>	
<u>Same as above</u>	

8. AGE: Years Months Days If less than one day  
86 6 4 hr. min.

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

10. Usual occupation..... Steamfitter

11. Industry or business.....

12. Name..... Christian Goerisch

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

14. Maiden name..... Mary Bartz

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

16. (a) Informant..... William A. Goerisch

(b) Address..... 3929 Meramec St.

17. (a) Burial (b) Date thereof..... 4/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Sunset Burial Park

18. (a) Signature of funeral director..... Wacker-Hebl  
 (b) Address..... 3634 Gravois Ave.

19. (a) APR 2 1948 (Date received local registrar's certificate)  
J. F. Brannock (Registrar's signature)

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)  
 (e) Means of injury.....  
 23. Signature..... B. W. Klippel, M.D. (M.D. or other)  
 Address..... 3701 Grandell Square Date signed 4/1/48

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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 Wheeler

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.**