. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14124

FILED APR 23 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3389

1. PLACE OF DEATH:
(a) County
(b) City or town SAINT LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 HOURS (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1427 HODIAMONT AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD A. GOERGAN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPTEMBER 23rd, 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	6	14	hr. min.

9. Birthplace SAINT LOUIS, MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation RETIRED-SALESMAN
11. Industry or business
FATHER
12. Name AUGUST GOERGAN
13. Birthplace SAINT LOUIS, MISSOURI (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name MENGES
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant RUSSELL CRECELIUS
(b) Address 223 EICHELBERGER STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation BETHANY CEMETERY
18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD
19. (a) APR 8 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 7th year 1948 hour 1 minute 00 P.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Edema of Brain	
Due to Cardiac Hypertrophy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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
23. Signature Gabriel E. Taylor M.D. (or other)
Address 1300 Clark Date signed 4-8-48

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

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.....Ralph C. Linders

Licensed Embalmer No.....4275

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.