

No. 300  
-10-47  
-17-39  
-I 3506

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED DEC 2 1948

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38156  
Registrar's No. 10127

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS MO  
(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 2 weeks  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County 000 17  
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") "  
(d) Street No. 2693 RUSSELL 1)  
23 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM GOETZ  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month NOV. day 21  
year 1948 hour 6 minute P. M.  
21. I hereby certify that I attended the deceased from 9/8/48  
\_\_\_\_\_, 19\_\_\_\_, to Nov 21 1948  
that I last saw him alive on Nov 21 1948  
and that death occurred on the date and hour stated above.

4. Sex MALE (M) 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWER  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased DEC. 5 1887  
(Month) (Day) (Year)

Immediate cause of death  
myocarditis  
nephritis  
Duration 1 1/2

8. AGE: Years 60 Months 11 Days 16  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation MACHINIST

11. Industry or business WAGNER ELECTRIC

12. Name FRED GOETZ

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

14. Maiden name MARY SIEVERS

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

16. (a) Informant MRS. JOSEPH SCHROEDER

(b) Address 5832 S. KINGSHIGHWAY

17. (a) BURIAL (b) Date thereof NOV. 24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Thos. Kuti & Son

(b) Address 2906 GRAVOIS ST. LOUIS MO

19. (a) NOV 22 1948 (b) J. B. Sauter  
(Data received local registrar) (Registrar's signature)

Major findings: Carcinoma Urinary bladder  
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) natural  
(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 Martin Schaller M.D.  
Address 505 W. 14th St. St. Louis MO signed 11/22/48

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

MOTHER FATHER

*J. M. ...*  
*... \$5000*

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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 *Sam C Hill*  
Licensed Embalmer No. *4347*  
P. O. Address *2906 Travis*

**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.**