

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28086

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2208</b>	
1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>MONROE</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST LOUIS</b>		c. LENGTH OF STAY (in this place) <b>14 DAS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>WATERLOO</b>		9/3/49	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST JOHNS</b>				d. STREET ADDRESS (If rural, give location) <b>WR-606 SOUTH MARKET</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>THEODORE</b>			b. (Middle) <b>M.</b>		c. (Last) <b>GOEDDEL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 3 1949</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JUNE 21, 1891</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>12</b>	IF UNDER 2 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PLASTERER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (State or foreign country) <b>ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>GEORGE GOEDDEL</b>			13b. MOTHER'S MAIDEN NAME <b>ELIZABETH JOST</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. EMMA GOEDDEL</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>498-07-6063</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Emma Goeddel</b> ADDRESS <b>WATERLOO ILLINOIS</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Poly cystic Kidneys</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>Waterloo</b> (STATE) <b>ILLINOIS</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>7571</b>					
22. I hereby certify that I attended the deceased from <b>8/21</b> , 19 <b>49</b> , to <b>9/3</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>9/3</b> , 19 <b>49</b> , and that death occurred at <b>4:05 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Leo Barth</b> (Degree or title) <b>D.D.S.</b>				23b. ADDRESS <b>Franklin Co. Ill.</b>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>SEP 5 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>KOLMER MEMORIAL</b>		24d. LOCATION (City, town, or county) (State) <b>WATERLOO MONROE CO. ILLINOIS</b>			
DATE REC'D BY LOCAL REG. <b>SEP 6 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Emil Quenhem</b>		ADDRESS <b>WATERLOO ILL.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 3 1950

NOV 2 1949

OCT 28 1949

MAR 3 1950

R  
P  
6110

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

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. Louisville

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.