

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43162

State File No.

04701

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3009** Registrar's No.

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

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights, Mo.		c. LENGTH OF STAY (In this place) 2 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Marys Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
f. STREET ADDRESS (If rural, give location) 4212 Maryland Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) H. c. (Last) Goeke		4. DATE OF DEATH (Month) (Day) (Year) Dec. 13th, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 24th, 1883
9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months 5	11. IF UNDER 24 HRS. Days 19 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Election Board	
11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Fred Goeke		13b. MOTHER'S MAIDEN NAME Ann Rieke	
14. NAME OF HUSBAND OR WIFE Elizabeth Goeke			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Elizabeth Goeke		ADDRESS 4212 Maryland Avenue	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic heart disease 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 2 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0	
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) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/9, 1949 , to 12/13, 1949 , that I last saw the deceased alive on 12/13, 1949 , and that death occurred at 2:10 Am. , from the causes and on the date stated above.			
23a. SIGNATURE Paul J. Bettowick Jr. M.D.		23b. ADDRESS 508 N. Grand Blvd.	
23c. DATE SIGNED 12/16/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/16/49	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 17 1949 Herbert R. Womko		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz	
ADDRESS 4828 Natural Bridge Bl.			

SEP 25 1961

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Ralph C. Linders

Licensed Embalmer No. *4225*

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.

SEP 25 1961