

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15386

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 863

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo</b><br>b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis Lemay</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Lemay</b>  |  |
| c. LENGTH OF STAY (in this place) <b>WEEKS</b>   |  | 486  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>325 Lemay Ferry Road</b> |  | d. STREET ADDRESS (If rural, give location) <b>909 Union Road</b>  |  |

|   |                               |   |  |   |  |
|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Clemens</b><br>b. (Middle) <b>Joseph</b><br>c. (Last) <b>Goewert</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>April 3, 1950</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>March 8, 1917</b>                                  | 9. AGE (in years last birthday) <b>33</b> | IF UNDER 1 YEAR Months Days            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Gardener</b>         |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                     | 11. BIRTHPLACE (State or foreign country) <b>St. Louis County, Mo.</b> |   | 12. CITIZEN OF WHAT COUNTRY <b>USA</b> |

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|---|---|--|
| 13a. FATHER'S NAME <b>John C. Goewert</b> | 13b. MOTHER'S MAIDEN NAME <b>Catherine Grosskettler</b> | 14. NAME OF HUSBAND OR WIFE <b>Mary Anna</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>no</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mary Anna Goewert</b> | ADDRESS <b>325 Lemay Ferry Road.</b> |
|--|-----------------------------------|--|--------------------------------------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b><br><b>3 weeks</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Emphysema of left chest</b> |  |   |
|   | DUE TO (c) <b>Brain Tumor 3rd Ventricle Caudal</b>   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

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|--|---|--|
| 19a. DATE OF OPERATION <b>11/23/49</b> | 19b. MAJOR FINDINGS OF OPERATION <b>Brain Tumor of 3rd Ventricle Cause Unknown.</b> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|--|---|--|

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|--|--|---|
| 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) <b>237; X</b> |
|--|--|---|

|   |  |                                  |
|---|--|----------------------------------|
| 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 **11-11**, 19**49**, to **4-3**, 19**50**, that I last saw the deceased alive on **4-2**, 19**50**, and that death occurred at **2:45 Am.**, from the causes and on the date stated above.

|   |  |                                |
|---|--|--------------------------------|
| 23a. SIGNATURE <b>C. Hoffmeister M.D.</b> (Degree or title) | 23b. ADDRESS <b>5417 So Grand Blvd</b> | 23c. DATE SIGNED <b>4/3/50</b> |
|---|--|--------------------------------|

|  |                                |   |   |
|--|--------------------------------|---|---|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>April 5, 1950</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b> | 24d. LOCATION (City, town, or county) (State) <b>WATSON &amp; MCKEN 716rd</b> |
|--|--------------------------------|---|---|

|  |  |   |
|--|--|---|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 3 1950</b> <b>Herbert H. Dombke, M.D.</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b> | ADDRESS <b>U. &amp; L. Co. 7814 S. Broadway</b> |
|--|--|---|

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

803 Remd  
5417 J Brand  
New 30th Bldg

**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 Harry J Schussacher

Licensed Embalmer No. 2679

P. O. Address 7819 Broadway

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.