FILED JUL 31 1950

.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24799

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6402

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 4 years 9 mo.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2089
d. STREET ADDRESS (If rural, give location): 8721 Halls Ferry Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): ~~Henry~~
b. (Middle): William
c. (Last): Godel

4. DATE OF DEATH (Month) (Day) (Year): July 25 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 3 1870
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Finkenbach, Germany 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Godel
13b. MOTHER'S MAIDEN NAME: Carolena Souerwein
14. NAME OF HUSBAND OR WIFE: Alwina Schmid Godel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mr. Arthur Goedel, 5629 Park Lane

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): Hypertensive Cardio-vascular
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Renal disease
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 ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 442 X

22. *I hereby certify that I attended the deceased from* July 23, 1950, *to* July 25, 1950, *that I last saw the deceased alive on* July 25, 1950, *and that death occurred at* 10 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward W. Gebrinski M.D.
23b. ADDRESS: 3701 Grandel Sq.
23c. DATE SIGNED: 7/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2
24b. DATE: July 27 1950
24c. NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
24d. LOCATION (City, town, or county) (State): Augsburg, Illinois

DATE REC'D BY LOCAL REG.: JUL 26 1950
REGISTRAR'S SIGNATURE: J. B. Sasater
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Beiderwieden F.H.Inc. 1936 St.Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
City of St. Louis

State File No. 2479 4/50
Local Registrar's No. 6402

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10th day of January, 1951 before me appears Gilbert P. Muchow, who, upon His oath, states that the original record of death for William Godel, died July 25th, 1950, in the State of Missouri, and which was filed at St. Louis on July 26, 1950, should be corrected as follows:

Item No. 3 should read William Godel

Instead of Henry Godel

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Gilbert P. Muchow Funeral Director
Relationship.

BEIDERWIEDEN F.H.INC.
1936 St. Louis Avenue, St. Louis 6, Mo.
Present Address.

Subscribed and sworn to before me this 10th day of January, 1951

My Commission expires March 19th, 1954 [signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
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