S. No. 300
v. 10.48

FILED-AUG 23 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28221

BIRTH NO. #112597 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6783

**1. PLACE OF DEATH**
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis,Missouri

c. LENGTH OF STAY (in this place) 5 Weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St.Louis City Hospital #1.

**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) Saint Louis 211.9

d. STREET ADDRESS (If rural, give location) 3814 Kennerly Avenue 0

**3. NAME OF DECEASED** (Type or Print) a. (First) LUCY b. (Middle) M. c. (Last) GOERKE

**4. DATE OF DEATH** (Month) (Day) (Year) August 8th,1950

**5. SEX** Female

**6. COLOR OR RACE** White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married

**8. DATE OF BIRTH** Aug. 18th, 1877

**9. AGE** (In years last birthday) 72 | If under 1 year: Months 11 Days 20 | If under 24 hrs.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housework

**10b. KIND OF BUSINESS OR INDUSTRY** Own Home

**11. BIRTHPLACE** (State or foreign country) Saint Louis, Missouri 0

**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** William Wiber

**13b. MOTHER'S MAIDEN NAME** Johanna Charlton

**14. NAME OF HUSBAND OR WIFE** William J. Goerke

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service) None

**16. SOCIAL SECURITY NO.** None

**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS William J. Goerke, 3814 Kennerly 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) occlusion of Coronary arteries

~~DUE TO (c)~~ Embolism of left Pulmonary arteries

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing 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?** 420 K

22. *I hereby certify that I attended the deceased from* 6/26/50 *19*__ *to* 8/8/50, *19*__, *that I last saw the deceased alive on* 8/8/50, *19*__, *and that death occurred at* 8:45am *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) Joseph J. Muenster (M.D.)

**23b. ADDRESS** 1515 Lafayette Ave.,

**23c. DATE SIGNED** 8/9/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial

**24b. DATE** 8/11/50

**24c. NAME OF CEMETERY OR CREMATORY** Calvary Cemetery

**24d. LOCATION** (City, town, or county) (State) St. Louis, Missouri

**DATE REC'D BY LOCAL REG.** AUG 9 1950

**REGISTRAR'S SIGNATURE** J B Lasater

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Ralph C. Linders

Signed.....
Student Embalmer

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.**