

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 42285
Registrar's No. 11240

318

1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 42285		Registrar's No. 11240			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis Mo</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2159					
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Barnes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2719 Meramec</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>			b. (Middle) _____			c. (Last) <u>Goetze</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 30 - 50</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 29 1877</u>		9. AGE (In years last birthday) <u>73</u>	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) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Germany</u>			12. CITIZEN OF WHAT COUNTRY? <u>4</u>		
13a. FATHER'S NAME <u>Karl Goetze</u>			13b. MOTHER'S MAIDEN NAME <u>Sophie Hennamann</u>			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>Sophie Gregory 2719 Meramec</u>					
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) <u>Probable cerebral embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial thrombus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis, arteriosclerotic heart disease, & history of coronary occlusion with infarction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>H2O1</u>							
22. I hereby certify that I attended the deceased from <u>12-28</u> , 19 <u>50</u> , to <u>12-30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-30</u> , 19 <u>50</u> , and that death occurred at <u>11 P.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>FR Bradley</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Barnes Hospital</u>			23c. DATE SIGNED <u>12/31/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>I-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wilson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Batch Town Ill.</u>					
DATE REC'D BY LOCAL REG. <u>Jan 1 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Schumacher 3013 Meramec</u>					

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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.....

W. Schumacher

Signed.....

Student Embalmer

Licensed Embalmer No. 901

P. O. Address 3073 Werrance

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.