

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

2556

State File No. ....

FILED JAN 26 1951

314

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4206 W. Kossuth</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Johanna</b>		b. (Middle) _____		c. (Last) <b>Goedeke</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 9, 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 23, 1877</b>		9. AGE (In years last birthday) <b>73</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Louis Deibel</b>			13b. MOTHER'S MAIDEN NAME <b>Katherine Kaiser</b>			14. NAME OF HUSBAND OR WIFE <b>William H. Goedeke</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William Goedeke, 4206 W. Kossuth</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>					<b>2 weeks</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b>					
		DUE TO (c) <b>Arthritis of Hip</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture of Left Radius</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>000</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis, 4206 W. Kossuth Ave. Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec. 30 1950</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Stumbled in kitchen while attempting to pick up something off floor.</b>			
22. I hereby certify that I attended the deceased from <b>Dec. 30, 1950, to Jan 9, 1951</b> , that I last saw the deceased alive on <b>Jan 9, 1951</b> , and that death occurred at <b>7:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Dean S. Morant</b>				23b. ADDRESS <b>4032 W. Florissant Ave</b>		23c. DATE SIGNED <b>Jan 10-1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/12/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>		
DATE REC'D BY LOCAL REG. <b>JAN 12 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Larater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>PROVOST UND. CO., 3710 N. Grand Bl.</b>			

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

110322 H. J. Linneman

**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 Albert Mayfield

Signed.....  
Student Embalmer

Licensed Embalmer No. 3077

P. O. Address.....

**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.