

318

1005

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis,		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4129 Minnesota Ave.,				d. STREET ADDRESS (If rural, give location) 4129 Minnesota Ave., 0			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle)		c. (Last) Goeke,		4. DATE OF DEATH (Month) (Day) (Year) April 18, 1951	
5. SEX 0 Male,	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed, 2		8. DATE OF BIRTH September 26, 1868		9. AGE (In years last birthday) 82 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) Gardener		10b. KIND OF BUSINESS OR INDUSTRY Retired 10 Years,		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri, 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bernard Goeke,		13b. MOTHER'S MAIDEN NAME Adaide Schuette		14. NAME OF HUSBAND OR WIFE Helena Goeke			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-14-9145		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Puettmann 4129 Minnesota Ave.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Edema				INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 21 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4214				20. AUTOPSY? YES <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1/15 X			
22. I hereby certify that I attended the deceased from Jan. 1, 1950, to Apr. 18, 1951, that I last saw the deceased alive on Apr. 17, 1951, and that death occurred at 6:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE J. H. Peters 0 (Degree or title) MD				23b. ADDRESS 4145 a S. Grand Blvd.		23c. DATE SIGNED 4/18/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 4/21/51	24c. NAME OF CEMETERY OR CREMATORY SS. Peter and Paul Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D. BY LOCAL REG. APR 19 1951		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary 2842 Meramec St. St. Louis, 18 Mo.			

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 me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, 18 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.