

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9999

State File No. _____
Registrar's No. 2226

FILED MAR 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. _____		Registrar's No. <u>2226</u>	
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</u>			c. LENGTH OF STAY (In this place) <u>68 yrs.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2159</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Alexian Bros. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>15 4345 Taft</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Goehler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 6th 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 2, 1883</u>		9. AGE (In years last birthday) <u>68</u> If under 1 year: Months _____ Days _____ If under 12 months: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Thread Mfg.</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John H. Goehler</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Steinbrinker</u>			14. NAME OF HUSBAND OR WIFE <u>Mamie Myers Goehler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>492-05-3363</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Norman W. Goehler 4610 Leona</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolism</u> ANTECEDENT CAUSES DUE TO (b) <u>Acute cholecystitis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>24 hours</u> <u>3 months</u>	
19a. DATE OF OPERATION <u>3-3-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Acute cholecystitis with cholelithiasis</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>58 AX</u>					
22. I hereby certify that I attended the deceased from <u>2-11</u> , 19 <u>52</u> , to <u>3-6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-6</u> , 19 <u>52</u> , and that death occurred at <u>1:00p m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>A. L. Korte, M.D.</u>				23b. ADDRESS <u>3606 Gravois Ave.</u>			23c. DATE SIGNED <u>3/7/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/10/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>BRAD 10 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BEIDERWIEDEN F. HOME, INC., 1936 St. Louis Ave.</u>				

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

3 months
24 hours

Coronary embolism
Acute cholecystitis

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 _____

X _____ Acute cholecystitis with cholelithiasis License No. 25-3-25

working under my personal supervision.

Student

Student Embalmer

25-3-25

Signed

Max L. Warfel

2-11

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.