

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32972**

**8554**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 2249</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2846 Magnolia Av.</b>		d. STREET ADDRESS (If rural, give location) <b>2846 Magnolia Av.</b>	

3. NAME OF DECEASED (Type or Print) <b>George Goelkel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 10 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Jan. 2 1880</b>		
9. AGE (In years last birthday) <b>72</b>		10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Painter Ret</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					

13a. FATHER'S NAME <b>George Goelkel</b>	13b. MOTHER'S MAIDEN NAME <b>Katherine Rapps</b>	14. NAME OF HUSBAND OR WIFE
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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>no.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Fred Goelkel</b>	ADDRESS <b>Minimum Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic endocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>mitral stenosis</b> DUE TO (c)		
II. 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 <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>410X</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Patrick P. Taylor</b>	(Degree or title) <b>3</b>	23b. ADDRESS <b>1300 Clark St.</b>	23c. DATE SIGNED <b>9/12/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>	24b. DATE <b>9-13-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mo. Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>SEP 12 1952</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Will Brooks</b>	ADDRESS <b>No. 2929 S. Jefferson Av.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
v. 10.48

OCT 1 1952

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Howard C. Witt

Licensed Embalmer No. 4353

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.