

**STANDARD CERTIFICATE OF DEATH**

11607

State File No. ....

No. 300  
10-48

**FILED APR 10 1953**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2438**

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</b> <b>2189</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4329 Arco Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>4329 Arco Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>MARY</b>			a. (First)			b. (Middle)			c. (Last) <b>GOEBEL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 30 1953</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Aug. 4, 1869</b>			9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		IF UNDER 1 YEAR Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Co. Mo.</b>				12. CITIZEN OF WHAT COUNTRY?						

13a. FATHER'S NAME <b>Charles Klersch</b>			13b. MOTHER'S MAIDEN NAME <b>Theresa Strunk</b>			14. NAME OF HUSBAND OR WIFE <b>Late Henry Goebel</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 <b>Theresa Goebel</b>			ADDRESS <b>4329 Arco Ave.</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal hypostatic pneumonia</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Influenza</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>arteriosclerosis - similar</b>						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>480X</b>					
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22. I hereby certify that I attended the deceased from **1-5, 1953** to **3-30, 1953** that I last saw the deceased alive on **3-28, 1953** and that death occurred at **2:30P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Erwin D. Bernick M.D.</b>			23b. ADDRESS <b>3409 N-Union</b>			23c. DATE SIGNED <b>3-31-53</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Apr. 2, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>				
DATE REC'D BY LOCAL REG. <b>MAR 31 1953</b>		REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>				ADDRESS <b>4228 S. Kingshighway Bl</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 Kings Highway

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.