

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14511BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 838

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Lemay 23</u>		c. CITY OR TOWN <u>Lemay</u> <u>486</u> 0	
c. LENGTH OF STAY (in this place) <u>8 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>225 Union Rd.</u>		e. STREET ADDRESS (If rural, give location) <u>225 Union Rd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> b. (Middle) <u>A.</u> c. (Last) <u>GOEWERT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4/5/54</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Dec. 17, 1877</u>		9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR Months Days Hours Mins. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William Grosskettler</u>		13b. MOTHER'S MAIDEN NAME <u>Anna M. Haar</u>		14. NAME OF HUSBAND OR WIFE <u>John C. Goewert</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John C. Goewert, 225 Union</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerotic Cerebral Vascular Disease</u>		<u>3 yrs</u>	
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 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) <u>4221</u>	
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?	

22. I hereby certify that I attended the deceased from 5-15, 1951, to 4-5, 1954, that I last saw the deceased alive on 4-4, 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert A. Brennan M.D.</u>		23b. ADDRESS <u>5417 Smith Grand</u>		23c. DATE SIGNED <u>4-7-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/7/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>					

DATE REC'D BY LOCAL REG. <u>4-7-54</u>		REGISTRAR'S SIGNATURE <u>Nesbitt P. Dombrowski</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und. Co., 7420 Michigan</u>	
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62W (Licensed Embalmer's Statement on Reverse Side)

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

5417 9 6
Petersen
Brennan

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.....
Signature of Student Embalmer

Signed *W. G. Petersen*

Licensed Embalmer No. *37*

P. O. Address *7420me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.