

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7424

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>61 yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2912 Minnesota</u>		d. STREET ADDRESS (If rural, give location) <u>2912 Minnesota</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RUDOLPH</u>	b. (Middle) <u>U</u>	c. (Last) <u>GOERNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 9, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 16, 1892</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>61 yrs.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>City of St. Louis</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Herman Goerner</u>	13b. MOTHER'S MAIDEN NAME <u>Marie ?</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Anna J. Scharpf Goerner</u>
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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) <u>Yes WWI</u>	16. SOCIAL SECURITY NO. <u>488-07-1783</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna J. Goerner, 2912 Minnesota</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 Hr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion, acute.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>Generalized arterio-sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Overweight.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>443x</u>
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22. I hereby certify that I attended the deceased from June, 1947, to May, 1954, that I last saw the deceased alive on 5/24, 1954, and that death occurred at 3:53 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles D. Sheweyer</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3103 Arisene St.</u>	23c. DATE SIGNED <u>8/9/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-11-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barra cks, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>AUG 11 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

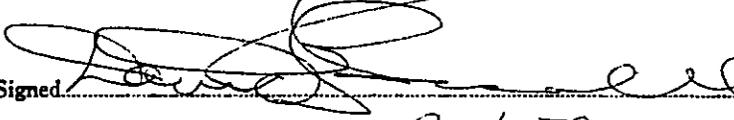
Dr. Wm. W. Overmeyer,
3103 Arsenal St.,
Phone - New 4611
Hours - 3 - 6

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  _____

Licensed Embalmer No. 45210

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.