

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35397

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9482

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5309 Michigan</b>		STREET ADDRESS (If rural, give location) <b>15 5309 Michigan</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Andrew</b>		b. (Middle)	
c. (Last) <b>Goetz</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 17, 1954</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 14, 1882</b>
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired - tailor</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Szachalasa, Romania</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Jacob Goetz</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Goetz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-10-3719</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Anna Goetz, 5309 Michigan</b>		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I, <b>Charles Knauer</b> , M.D., DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES (b) <b>Causes of Prostate</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Metastasis to bone</b> DUE TO (c) <b>Metastasis to bone</b> 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)	
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 <b>177X</b>		22. I hereby certify that I attended the deceased from <b>10/13/54</b> , 19 <b>54</b> , to <b>10/17/54</b> , 19 <b>54</b> , that I last saw the deceased on <b>10/13/54</b> , and that death occurred at <b>3:45p</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Charles Knauer</b>		23b. ADDRESS <b>16 Plaza Hospital Bldg</b>	
23c. DATE SIGNED <b>10/19/54</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	
24b. DATE <b>Oct. 20, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b>	
DATE REC'D BY LOCAL REG. <b>OCT 19 1954</b>		ADDRESS <b>6464 Chippewa</b>	

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

Kromer

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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 *Harry J. Schumacher* .....

Licensed Embalmer No. *2679*

P. O. Address *784 S. Broad*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.