

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3424

State File No.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>590</u> | | Registrar's No. <u>131</u> | | | |
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI | | | | b. COUNTY ST. LOUIS | |
| b. CITY OR TOWN PINE LAWN | | c. LENGTH OF STAY (in this place) 10 yrs. | | c. CITY OR TOWN PINE LAWN | | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 6214 STILLWELL DRIVE | | | | e. STREET ADDRESS (If rural, give location) 6214 STILLWELL DRIVE | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) ARTHUR | | b. (Middle) C. | | c. (Last) GOEBEL | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1955. | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH April 9, 1899. | | 9. AGE (In years last birthday) 55 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver | | 10b. KIND OF BUSINESS OR INDUSTRY Petroleum | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Henry Goebel | | | 13b. MOTHER'S MAIDEN NAME Emma Koopmann | | | 14. NAME OF HUSBAND OR WIFE Ella M. Goebel | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 486-18-5535 | | 17. INFORMANT'S SIGNATURE OR NAME Ella M. Goebel, 6214 Stillwell Drive | | 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Carcinoma Lung Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Lung DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 Mo. 3 Mos. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 163X. | | | | | | 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) 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 <u>10/7</u> , 19 <u>54</u> , to <u>1/16</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1/15</u> , 19 <u>55</u> , and that death occurred at <u>2:30P</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Robert A. Bawes M.D. | | | | 23b. ADDRESS 3731 Goodfellow | | 23c. DATE SIGNED 1/18/55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 1/19/55. | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | | |
| DATE REC'D BY LOCAL REG. 1/18/55 Robert A. Bawes | | REGISTRAR'S SIGNATURE Robert A. Bawes | | 25. FUNERAL DIRECTOR'S SIGNATURE Marvin F. Feutz, 4828 Natural Bridge Blvd. St. Louis, Mo. | | ADDRESS | | | |

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..... *Raymond C. Finders*

Licensed Embalmer No...427

P. O. Address... *St. Louis*

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.