

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6172**
0766

FILED FEB 24 1955

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 0		c. CITY OR TOWN UNIVERSITY CITY d. Is 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 PARK LANE HOSP		e. STREET ADDRESS (If rural, give location) 1455 LYNDALE				
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) GOEBEL c. (Last) GOEBEL			4. DATE OF DEATH (Month) (Day) (Year) 1-26-55			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-30-1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN		10b. KIND OF BUSINESS OR INDUSTRY MEAT		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS 0		
12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13a. FATHER'S NAME Geo. Goebel		13b. MOTHER'S MAIDEN NAME MARY HAHN		14. NAME OF HUSBAND OR WIFE IDA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY 489-03-2967A		17. INFORMANT'S SIGNATURE OR NAME Ida Goebel ADDRESS 1455 Lyndale		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Soft Ventricular failure ANTECEDENT CAUSES Chronic myocarditis DUE TO (b) DUE TO (c) Chronic nephritis II. OTHER SIGNIFICANT CONDITIONS Chronic nephritis Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 wk 6 mo 3 years	
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 m. WHOLE AT WORK <input type="checkbox"/> NOT WHOLE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4222		
22. I hereby certify that I attended the deceased from Jan 22, 1955 to Jan 26, 1955 , that I last saw the deceased alive on Jan 26, 1955 , and that death occurred at 6:30 a.m. from the causes and on the date stated above.						
23a. SIGNATURE E. V. Snyder (Degree or title) M.D.		23b. ADDRESS 705-011th St.		23c. DATE SIGNED 1-26-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-28-55		24c. NAME OF CEMETERY OR CREMATORY Valhalla		
				24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. JAN 26 1955		REGISTRAR'S SIGNATURE J. Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Co ADDRESS 2707 N Grand		

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address

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.