S. No. 300
V. 10.46

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

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35556

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8327

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2207 2215 a Sullivan

3. NAME OF DECEASED (Type or Print)
a. (First): Anna (Ann)
b. (Middle):
c. (Last): Goetz (Goetz)

4. DATE OF DEATH (Month) (Day) (Year): 9 · 9 · 56

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 26-1889

9. AGE (In years last birthday): 67 | If under 1 year: Months: Days: | If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Home Maker

11. BIRTHPLACE (City and State or Foreign Country): Austria

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Jordan

13b. MOTHER'S MAIDEN NAME: Mary Boehm

14. NAME OF HUSBAND OR WIFE: Mr. Christ Goetz (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Ruth Murray, 2215a Sullivan Ave.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Gastric Ulcer - Pulmonary Tuberculosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 332 x A
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 · 29, 1956, *to* 9 · 9, 1956, *that I last saw the deceased alive on* 9 · 9, 1956, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Rowley
(Degree or title): M.D.
23b. ADDRESS: 1325 S. Grand
23c. DATE SIGNED: 9-22-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-12-1956
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: SEP. 10-1956
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. M.J.B.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Math Hermann & Son Inc., 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 Clement McNeary

Licensed Embalmer No. 3732

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 this body is not embalmed, fact should be so stated above.