

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027740

STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

FILED AUG 11 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2041

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Heights</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Richmond Heights</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b> Length of stay in lb <b>YRS.</b>		d. STREET ADDRESS (If outside, give location) <b>1100 Bellevue Avenue</b> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Sister Mary Marcella (Elisabeth Goeke) SSM</b> First Middle Last			4. DATE OF DEATH <b>Aug. 1, 1958</b> Month Day Year
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 25, 1880</b> 9. AGE (In years last birthday) <b>77</b> IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sister in religion</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Religious</b>	11. BIRTHPLACE (City and state or country) <b>Westphalen, Germany</b> 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Friederich Goeke (deceased)</b>		14. MOTHER'S MAIDEN NAME <b>Maria Potthast (deceased)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Sr. M. Francine, SSM</b> Address <b>1100 Bellevue Avenue</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Thrombosis of Cerebral Artery and Thrombosis of Coronary Artery</b> DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>332X</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (1) <b>Diabetes Mellitus</b>			
INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>Uncertain</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>July 30, 1958</b> , to <b>August 1, 1958</b> and last saw her alive on <b>August 1, 1958</b> Death occurred at <b>10:00</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>G. O. Brown</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>6325 S. Grand St. Louis 4, Mo.</b>	22c. DATE SIGNED <b>8/2/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 4 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>A. H. Bocklage</b> ADDRESS <b>6536 Clayton Rd.</b>		25. DATE RECD. BY LOCAL REG. <b>8-2-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>

(Licensed Embalmer's Statement on Reverse Side)

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

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 *Robert M. Murray*.....

Licensed Embalmer No..... *B*

P. O. Address *M. Louisiana*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.