

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003963

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 227

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Ellisville</u> TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY <u>ST. LOUIS</u> OR <u>Richmond Heights</u> TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Sunset Sanitarium</u> INSTITUTION		Length of stay in 1b <u>7 MON.</u>	d. STREET ADDRESS (If outside, give location) <u>6612 Mitchell</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First <u>ANNA</u>	Middle <u>L.</u>	Last <u>GOEBEL</u>	4. DATE OF DEATH	Month <u>Jan.</u>	Day <u>23</u>	Year <u>1959</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 21, 1877</u>	9. AGE (In years last birthday) <u>81</u>	FUNDER 1 YEAR Months <u>0</u>	DAYS <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u>	Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework-Self</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Goebel</u>	13b. MOTHER'S MAIDEN NAME <u>Charlotte Hasenjaeger</u>	14. NAME OF HUSBAND AT TIME OF DEATH <u>None</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Minnie Hasenjaeger</u>	Address <u>3624 Winnebago Ave</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Atypical Virus Pneumonia.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>unknown</u>	—
	DUE TO (c) <u>unknown</u> <u>442X</u>	—
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus severe + H.C.D.</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>1 June 1958</u> to <u>23 June 59</u> and last saw her alive on <u>1-23-59</u> . Death occurred at <u>11:35 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>J. H. Barrett M.D.</u> (Degree or title)	22b. ADDRESS <u>10425 Larchmont Rd Richmond 22, Mo</u>	22c. DATE SIGNED <u>1-23-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/26/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u>
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24. FUNERAL DIRECTOR <u>Kriegshauser 4228 S. Kingshighway</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1-24-59</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *William C. White* .....

Licensed Embalmer No. *4381* .....

P. O. Address *2286 ...* .....

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.