

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006455
STATE FILE NUMBER

FILED MAR 10 1959 Registration District No. 231 Primary Registration District No. 5812 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Prarire</u>		c. CITY OR TOWN <u>Prarire</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Own Home</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>George Albert Goetemann</u>		4. DATE OF DEATH Month Day Year <u>March 4 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1892</u> <u>May 30 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffer</u>		11. BIRTHPLACE (City and state or country) <u>St Louis Mo.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Trucks</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert Goetemann</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Forsel</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-05-3481</u>	
17. INFORMANT <u>Anna Julia Goetemann</u>		Address <u>Bellflower Mo</u>	
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>MYOCARDIAL - DEGENERATION</u> DUE TO (b) <u>MYOCARDIAL DECOMPEASATION</u> DUE TO (c) <u>CHRONIC NEPHRITIS</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>30 DAYS</u> <u>1 YR.</u> <u>10 YRS</u>
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 of item 18.) <u>ITEM 8, 9</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		BY: 1. AFFIDAVIT OF <u>Funeral Director</u> 2. DOCUMENT <u>St. Louis First Record # 4720 file at birth</u>	
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	
21. I attended the deceased from <u>JAN 1959</u> to <u>MAR 4 1959</u> and last saw her alive on <u>MAR 1 1959</u> Death occurred at <u>4:00 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Alan Aurdale DO</u>		22b. ADDRESS <u>Montgomery City Mo</u>	
22c. DATE SIGNED <u>3-5-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-7-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
24. FUNERAL DIRECTOR <u>Alan A. Jones</u>		25. DATE RECD. BY LOCAL REG. <u>3-5-59</u>	
26. REGISTRAR'S SIGNATURE <u>Ms. Zoe Chapman</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Every entry, whether made by a physician or otherwise, is presumed to be true. No symptoms will be listed. All diseases in Part I must be causally related.

YS MAR 25 1959

MAR 16 1959

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Clarence Jones

Licensed Embalmer No. 2978

P. O. Address Bellefont

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.