

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023716

STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1576

1. PLACE OF DEATH a. COUNTY St. Louis		5. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy 21		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Normandy 4171
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7705 Natural Bridge		Length of stay in lb 50 Years	d. STREET ADDRESS (If outside, give location) 7705 Natural Bridge Bl.
3. NAME OF DECEASED (Type or print) First FREDERICK Middle WILLIAM Last GOEKE, JR.			4. DATE OF DEATH Month June Day 7th Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 22nd, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Traffic Manager		10b. KIND OF BUSINESS OR INDUSTRY Plumbing	9. AGE (In years last birthday) 81
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frederick Wm. Goeke		13b. MOTHER'S MAIDEN NAME Anna Riecke	14. NAME OF HUSBAND OR WIFE Elizabeth Goeke
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 489-10-8001	17. INFORMANT Elizabeth Goeke, 7705 Natural Bridge Bl.,
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 6/7/59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Arteriosclerosis, Generalized			12-9-57
DUE TO (c) Carcinoma of lips			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) H 20/H			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. 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 6/23/52 to 6/7/59 and last saw her/him alive on Feb 1959 Death occurred at 10:45PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Wm Goeke</i>		22b. ADDRESS 7315 Pasadena Blvd	
22c. DATE SIGNED 6/8/59		22d. ADDRESS (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 6-11-59	
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.,		25. DATE RECD. BY LOCAL REG. 6-9-59	
26. FUNERAL HOME, St. Louis, 15, Missouri.		26. REGISTRAR'S SIGNATURE <i>John C. Murphy</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Hours 2:00PM to 4:00 PM
Mon. - Sure

File in County

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 *Ralph E. Fender*

Licensed Embalmer No. *4275*

P. O. Address *St. Louis, Mo*

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.