

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028671

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7352 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 6 1962

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN Affton Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 408 Greenmeadows Dr. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
ELLA NORA GOEDEKER

4. DATE OF DEATH Month Day Year
July 25 1962

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1/24/1904 9. AGE (last birthday) 58 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) saleslady 10b. KIND OF BUSINESS OR INDUSTRY Famous Barr 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John C Goedecker 13b. MOTHER'S MAIDEN NAME not known 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Frank H Stephan Address 408 Green meadows

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Carcinoma of ovaries & general metastases.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 175.0
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 1/23/61 to 7/25/62 and last saw her alive on 7/25/62
 Death occurred at 12:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leo Foster M.D. (Degree or title) 22b. ADDRESS 727 No. Chester Bldg 22c. DATE SIGNED 7/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 7/26/1962 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR John L Ziegenhein & Sons ADDRESS 7027 Gravois 25. DATE RECD. BY LOCAL REG. JUL 26 1962 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

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 Donald Benig

Licensed Embalmer No. 4863

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.