

CT 29 1938

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36902
Do not use this space.

REC'D NOV 4 1938

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 784
(b) Township Meramec Primary Registration District No. 200
(c) City Pond Road (d) Street No. Pond Road
(e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 58 yrs. mos. ds.

Registered No. 1767

2. PRINT FULL NAME

Andreas Goehri,
(a) Residence, No. Chesterfield, Mo. R. 1. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXXXXXXXX
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 12

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer,
9. Industry or business in which work was done, as saw mill, bank, etc. Own farm
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME Valentine Goehri

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Henry Goehri
Chesterfield, Mo. R. 1.

18. BURIAL, CREMATION, OR REMOVAL PLACE Monarch, Mo. DATE 10/30/38

19. FUNERAL DIRECTOR (ADDRESS) Dehrader Funeral
Ballwin, Mo.

20. FILED OCT 29 1938 G. W. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1938 to Oct 28, 1938
I last saw him alive on Oct 27, 1938. Death is said to have occurred on the date stated above, at 2:20 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
chronic myocarditis
hypertension
pulmonary infarction
Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis? Exon Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Henry Scott, M. D.
(Address) Ballwin, Mo.

STATEMENT BY LICENSED EMBALMER

I, Theo Schrader, Licensed Embalmer No. 3066

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Theo Schrader

No. 3066 or by Registered Apprentice No.

working under my personal supervision.

Signed Theo Schrader

Licensed Embalmer No. 3066

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.)