

No. 2.  
4-12-40  
5-17-39  
I X23139

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **5429 Geraldine**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5429 Geraldine**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME **Herman Goewert**

3. (b) If veteran, name war **No.** 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Theresa** 6. (c) Age of husband or wife if alive **51** years  
7. Birth date of deceased **Oct. 30 1887**  
(Month) (Day) (Year)

8. AGE: Years **53** Months **1** Days **19** If less than one day .hr. .... min.

9. Birthplace **Germantown Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Coal Miner**

11. Industry or business.....

MOTHER FATHER { 12. Name **Henry Goewert**  
13. Birthplace **Hamburg Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna Stein**  
15. Birthplace **Hamburg Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy Goewert**  
(b) Address **Breese, Ill.**

17. (a) **Removal** (b) Date thereof **12/19/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Breese, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Ave.**

19. (a) **DEC 19 1940** (b) **J. F. B. Zedeck**  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** Day **18<sup>th</sup>**  
year **1940** hour **1** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Dec 14<sup>th</sup>**  
**1940** to **Dec 18 1940**  
that I last saw him alive on **Dec 18 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of the Liver** Duration **10 mos**

Due to.....  
Due to.....

Other conditions (include pregnancy within 3 months of death) **Ho**

Major findings: Of operations.....  
Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature **Roland R. Minnert** (M. D. or other) **MD**  
Address **5330 Geraldine** Date signed **12/19/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Guy W Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address .....

**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 this body is not embalmed, fact should be so stated above.**