

No. 2
4-13-40
5-17-39
DI X23159

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town _____
(c) Name of hospital or institution: **St. Anthony Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12yrs.**
In this community _____
years, months or days)

3. (a) PRINT FULL NAME: **John Goeke**
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex: **Male** 5. Color or race: **White**
6. (a) Single, widowed, married, divorced: **widowed**
6. (b) Name of husband or wife: **Mary** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **April 6, 1846**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	95	2	11	hr. _____ min.

9. Birthplace: **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Gardener Retired 25yrs.**

11. Industry or business _____

12. Name: **Don't Know**

13. Birthplace: **Don't Know**
(City, town, or county) (State or foreign country)

14. Maiden name: **Don't Know**

15. Birthplace: **Don't Know**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Joseph Goeke**

(b) Address: **Lemay Mo.**

17. (a) **Burial** (b) Date thereof: **June 20, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **St. Peter & Paul Cemetery**

18. (a) Signature of funeral director: **J. N. Bebban & Co.**
2842 Meramec St.
(b) Address _____

19. (a) **JUN 14 1941** (b) **J. T. Brudwick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: **Missouri** (b) County: **000**
(c) City or town: **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No.: **St. Anthony Hospital**
3520 Chippewa St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **17th**
year **1941** hour **7 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **June 1, 1941** to **June 17, 1941**
that I last saw him alive on **June 17, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death: **chronic myo-carditis** **unknown**
Due to: **arterio-sclerosis** **unknown**

Due to: _____
Other conditions: **none**
(Include pregnancy within 3 months of death)

Major findings: **none**
Of operations: _____
Of autopsy: **none**

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: **fall**

23. Signature: **W. A. ...** (M. D. or other) **MB**
Address: **3318 P Grand** Date signed: **6-18-41**

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

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12
9

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

John H. Fetter

Licensed Embalmer No. 3880

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.