DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23300

State File No. 5652

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If out[illegible] or town limits, write "RURAL")

(d) Street No. 4115a Minnesota Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

000 17 9 151

3. (a) PRINT FULL NAME LOUIS P. GOEDDEL

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife DORA GOEDDEL

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug. 23, 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Waterloo (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Foundry worker

11. Industry or business own business

MOTHER FATHER
12. Name Daniel Goeddel
13. Birthplace (City, town, or county) Illinois (State or foreign country) 1

14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Dora Goeddel
(b) Address 4115a Minnesota

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9-41 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wm. C. Maydell
(b) Address 1926 Allen

19. (a) JUL 8 1941 (Date received local registrar) (b) F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1941 hour 12 minute 15 p M.

21. I hereby certify that I attended the deceased from June 30 - 19 to July 6 - 1941 that I last saw him alive on July 6 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia following operation for penitentiary

Due to following transurethral resection

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation

Of autopsy Denied

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. Roy Compton (M. D. or other)
Address 6122 Page Ave. Date signed 7/7/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....1861.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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

. S. No. 2B
DM—8-21-41
I X2928

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23300

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

SUPPLEMENTARY

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:
(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 (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis P. Goeddel

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 23 (Day) 1883 (Year)

8. AGE: Years 57 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) JAN 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Hypertrophy of the Prostate

Due to was the cause for the Transurethral Resection.

Other conditions
(Include pregnancy within 3 months of death)

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

Copy 1010