

FILED OCT 18 1941

1003

State File No.

Registrar's No.

7626

Registration District No. 791

Primary Registration District No.

00
17
9
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. ANTHONY'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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS
(c) City or town GLENDALE N.R. 11
(If outside city or town limits, write "RURAL")
(d) Street No. 8 HILL DRIVE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd
year 1941 hour 5 minute 0.44 M.
21. I hereby certify that I attended the deceased from Sept. 21, 1941 to Sept 22, 1941
that I last saw her alive on Sept 22 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital Heart Disease
Due to: Patent foramen ovale
Due to: Recurrent Asphyxiation
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME JANET ROSE GOTEH.

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased: SEPT. 21 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 15 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name ERNEST GOTEH.

13. Birthplace ST. LOUIS UMO
(City, town, or county) (State or foreign country)

14. Maiden name EMMA NIENOWNER

15. Birthplace ST. LOUIS UMO
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Goteh

(b) Address 8 HILL DRIVE GLENDAL MO

17. (a) BURIAL (b) Date thereof 9/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEN. SS. PETER & PAUL CHM

18. (a) Signature of funeral director J. P. Zwick

(b) Address 7128

19. (a) SEP 22 1941 (b) J. P. Zwick
(Date received local registrar) (Registrar's signature)

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? 2

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

23. Signature H. A. Schellman (M. D. or other) M.D.

Address 421 W. Schurmer Date signed 9/22/41

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.....

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.