

FILED DEC 21 1942 8

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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:
2942 Belt Ave.
(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.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2942A Belt Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1942 hour 6 minute 29 A. M.
21. I hereby certify that I attended the deceased from March 1936
....., 19..... to Dec. 11 1942
that I last saw her alive on Dec. 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Chronic interstitial nephritis

Due to Diabetes mellitus

Due to 601

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?

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

23. Signature J. J. Kniss (Dr. or other) M.D.
Address 5024 7th Kniss Date signed 12-11-42

3. (a) PRINT FULL NAME Laura Goetz

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

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert J. Goetz 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June 11 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 25 If less than one day
.....hr.min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Antonie Schludwein

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Rathael Parr

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Goetz

(b) Address 2942A Belt Ave

17. (a) Burial (b) Date thereof 12-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) 11 1942 (b) J. J. Kniss
(Date received local registration) (Registrar's signature)

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

MOTHER FATHER

9-12-1950 74 Division

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..... *Albert R. Thompson Jr*

Licensed Embalmer No. *4237*

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.