S. No. 2
M—5-42
. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39196

FILED DEC 11 1943

Registration District No. 3447 Primary Registration District No. 6076 Registrar's No. 2694

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3701 Sylvan Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 21 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")

(d) Street No. 3701 Sylvan Place
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME L. Frank Goeser

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Augusta Goeser

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Sept. (Month) 9 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
82	2	24	hr. min.

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

10. Usual occupation Retired Cabinet Maker

11. Industry or business

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

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

16. (a) Informant Mrs. Lillie Knapp
(b) Address 3701 Sylvan Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 6 (Day) 43 (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.

19. (a) DEC - 6 1943 (Date received local registrar) (b) C. G. McGavren, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd
year 1943 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from July 30 1932, 19..., to Dec. 3, 1943, 19...; that I last saw him alive on Dec. 3, 43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 4 hrs.

Due to Arteriosclerosis (Hypertension) — 8 yrs.

Due to

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 R. W. Crossman M.D. (M. D. or other) M.D.
Address 4011 Blair Ave. Date signed 12/4/43

(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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.