

S. No. 2
DM-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39856**

FILED DEC 29 1943

318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

11367

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: **LUTHERAN 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)

3. (a) PRINT FULL NAME **Agnes Goetz**

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 **WIDOWED**

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

7. Birth date of deceased **APRIL 13, 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 4 hr. min.

9. Birthplace **NEW ORLEANS LA.**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **ADOLPH THEOBOLD**

13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **JOHANNA BEYER**

15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss William Tun**
(b) Address **4001 Holly Hills**

17. (a) **BURIAL** (b) Date thereof **12/20/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SUNSET BURIAL PAR**

18. (a) Signature of funeral director **WEICK BROS**

(b) Address **2201 S GRAND**

19. (a) **DEC 19 1943** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **000 17**
(c) City or town **ST. LOUIS** **91**
(If outside city or town limits, write "RURAL")
(d) Street No. **4001 HOLLY HILLS**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **17**
year **1943** hour **9** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **12/8/43**
to **12/17** 19**43**
that I last saw **her** alive on **12/17** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Emboliism** Duration **12 hrs**
Due to **Sustained hypertension for several of months** **2 days**
Due to _____

Other conditions (Include pregnancy within 3 months of death) **H/O**

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 **Ch. Kienzle** (M. D. or other) **J. F. Brudick**
Address **3505 S Broadway** Date signed **12/18/43**

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

MOTHER FATHER

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 Sam H. Stewart

Licensed Embalmer No. 3722

P. O. Address: 412 Washington

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.