

FILED JAN 3 1944
Registration District No. **317**

Primary Registration District No. **3064**

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

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Ferguson, Mo.
(c) Name of hospital or institution:
Halls Ferry Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3623 Ohio Avenue
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Fred H. Goedecke
3. (b) If veteran, name war -- 3. (c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 20
year 1943 hour 4 minute 15 A.M.

4. Sex Male 5. Color or face White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna M. Goedecke
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased October 3, 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 24
1943 to Dec 20, 1943
that I last saw him alive on Dec 20, 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>2</u>	<u>17</u>	hr. <u>--</u> min. <u>--</u>

Immediate cause of death of apoplexy
Due to hypertension
Due to --

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

Other conditions --
(Include pregnancy within 3 months of death)

11. Industry or business Unknown
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations --
Of autopsy --
Underline the cause to which death should be charged statistically.

16. (a) Informant Anna M. Goedecke
(b) Address 3621 Ohio Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 22 43
(Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

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? --

18. (a) Signature of funeral director Therese - Heller to Ward Co.
(b) Address 3634 Gravois Ave.
19. (a) DEC 25 1943 (Date received local registrar) (b) C. W. Mc Carran, M.D. (Registrar's signature)

While at work? -- (Specify type of place) (c) Means of injury --
13. Signature Heller, Elsie (M. D. or other)
Address 4932 - Maryland Date signed 12-20-43

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 Robert Wheeler.....

Licensed Embalmer No. 2128.....

P. O. Address St Louis Mo.....

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.