

S. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15397
15039

FILED MAY 7 1946

Registration District No. 232

Primary Registration District No. 4487

State File No. _____

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Death
(b) City or town New Hamburg MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 75 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Death MO
(c) City or town New Hamburg Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HELEN WINK GOETZ

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

4. Sex F / 1 5. Color or race W
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAR 9 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace ANSANG, LORAIN, GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name CHARLES LINK

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

14. Maiden name WALBURGA LUX

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

16. (a) Informant NUVILLE RENIGAN

(b) Address ANGEL, MO

17. (a) BURIAL (b) Date thereof 4/13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW HAMBURG, MO

18. (a) Signature of funeral director Chaffee

(b) Address _____
19. (a) 4/11/46 (b) Helen Wink Goetz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Apr 11 day
year 1946 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 10, 1944 to Apr 11, 1946
that I last saw him alive on March 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myo carditis

Due to Demility

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 0.77.1

23. Signature Helen Wink Goetz (M. D. or other) 0.77.1
Address _____ Date signed 4-15-46

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 546-565

Date Filed 2-6-46

MAR 24 1947

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. 3810

P. O. Address Cape Girardeau, 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.