S. No. 2
M—2-43
. 5-17-39
I X35697

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

FILED JUL 12 1946

Registration District No. 318

Primary Registration District No. 1003

State File No. 21777

Registrar's No. 5767

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3319 Illinois
(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 Missouri (b) County 000

(c) City or town St. Louis 24 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3319 Illinois St. 9
(If rural, give location) 10

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ellanora Goedeker

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 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 8 (Day) 1875 (Year)

8. AGE: Years 71 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Megel
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ellanora Goedeker
(b) Address 3319 Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/46 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset-Burial-Park

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.

19. (a) JUN 30 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1946 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Jan-15-1945 to 6-27-1946
that I last saw her alive on 6-27-46 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cardiac Enlargement with Myocarditis	
Due to Cerebral hemorrhage with Paralysis - R. side	7 Mo
Due to Arterial Sclerosis -	
Other conditions General Uremia (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 L. F. Murray (M. D. or other)
Address 900 - Russell Date signed 6-29-46

(Licensed Embalmer's Statement on Reverse Side)

Dr Murray
900 [illegible]
[illegible]
9-10-1-3-7-8

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 Francis Williamson

Licensed Embalmer No. 3565

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.