

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 16 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7570**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**

(c) Name of hospital or institution: **Good Samaritan Home, 4500 Washington Blvd.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 1/2 yrs.**
(Specify whether _____)

In this community _____ **Life** _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis**

(d) Street No. **4500 Washington Blvd.**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Emma S. Goessmann**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John P. Goessmann**

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

7. Birth date of deceased **March 4, 1860.**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **1**, year **1946** hour **6:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **July 12, 1946** to **Sept. 1, 1946** that I last saw her alive on **Aug. 29, 1946** and that death occurred on the date and hour stated above.

AGE:	Years	Months	Days	If less than one day
	86	5	27	hr. min.

Immediate cause of death **arteriosclerosis.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **arteriosclerosis**

9. Birthplace **St. Louis, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

12. Name **Conrad Ottmer**

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

14. Maiden name **Mary Rathvill**

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

16. (a) Informant **Mrs. Florence Stremmel**

(b) Address **5549 Hebert St.**

17. (a) **Burial** (b) Date thereof **Sept. 4, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Calvin F. Feutz**

(b) Address **4828 Natural Bridge Blvd.**

19. (a) **SEP 3 1946** (b) **J. F. Breneck**
(Date received from registrar) (Registrar's signature)

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 **J. F. Bergman** (M.D. or other) **M.D.**
Address **3720 Washington** Date signed **9/3/46**

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 *John A. Mlinar*.....

Licensed Embalmer No. *4186*.....

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.