

3. No. 2  
-12-45  
5-17-39  
P 1 X47070

FILED APR 14 1947  
318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. 2434

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: City Sanitarium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 yrs. 25 ds.  
 In this community 78 yrs.  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME ANNA GOEDECKE  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widow  
 6. (b) Name of husband or wife Frederick H.  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sept. 20 1868  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 6 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Neff  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Clara Robinson  
 (b) Address 5400 Arsenal St.

17. (a) burial (b) Date thereof Apr. 2, 1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Walter Helderle  
 (b) Address 3634 Gravois St. St. Louis, Mo.

19. (a) MAR 31 1947 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5047 Grace Ave  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30  
 year 1947 hour 11.45 minute A M.  
 21. I hereby certify that I attended the deceased from March 1st  
 1946 to March 30 1947  
 that I last saw her alive on March 30 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Arteriosclerosis generalized 1 yr.x  
 Due to Hypertension 1 yr.x.

Due to \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

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

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 Jack Wideman (M. D. or other) \_\_\_\_\_  
 Address 5400 Arsenal St. Date signed 3/30/47

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

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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.....

*Frank J. Dyland*

Licensed Embalmer No.....

*2675*

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.**