No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

69644

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10886

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3404

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 St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community YEARS (Specify whether years, months or days)

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. 5871 LORAN
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FRED GOEDECKE

3. (b) If veteran, name war NO

3. (c) Social Security No. 497-07-9413

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased JUNE (Month) 19 (Day) 1893 (Year)

8. AGE: Years 53 Months 9 Days 10 If less than one day hr. min.

9. Birthplace MEMPHIS (City, town, or county) TENN (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business CONSOLIDATED FOOD CO

FATHER
12. Name ARMAN GOEDECKE
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name CARRIE MORGAN
15. Birthplace (City, town, or county) MISSISSIPPI (State or foreign country)

16. (a) Informant MARY GOEDECKE
(b) Address 5871 LORAN

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 31 1947 (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director C. HOFFMEISTER COLONIAL MORT
(b) Address 6464 CHIPPEWA ST

19. (a) MAR 31 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1947 hour 2:11 minute A M.

21. I hereby certify that I attended the deceased from March 24, 1947 to March 29, 1947 that I last saw him alive on March 29, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Regurgitation	
Due to Cardiac Stenosis & Insufficiency	
Due to Rheumatic heart disease, chronic	
Other conditions (Include pregnancy within 3 months of death) NO	
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)

(e) Means of injury

Signature Robert E. Lock, (M.D. or other)

Address 1515 Lafayette Ave. Date signed 3/29/47

(Licensed Embalmer's Statement on Reverse Side)

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadwa

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.