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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32542

Registrar's No. 8594

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:
erminal R. R. Tracks Penrose Park
(If not in hospital or institution, write street number or location)

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

In this community 55 Years

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. 4929 Claxton Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emma Goewert

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Goewert

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June (Month) 9th (Day) 1892 (Year)

8. AGE: Years 55 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Matthew Lorshe

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

14. Maiden name Theresa Haberstock

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

16. (a) Informant William Goewert Husband

(b) Address 4929 Claxton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12 1947 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home

(b) Address 1936 St. Louis Ave.

19. (a) SEP 11 1947 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8th year 1947 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Exsanguination Complete severance of left through waist when run over by a train crew and found unknown when found Due to Hardly near the Kingshighway Viaduct North of Garrison Street around 11:31 a.m.

Other conditions (Include pregnancy within 3 months of death)

Sept. 8 1947

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 Sept 8 1947

(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? R.R. Yard (Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E. Taylor Dep. Coro. (Title or Degree)

Address 1300 Clark Date signed 9-11-47

(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.....Felix J. Krispin

Licensed Embalmer No.....3497

P. O. Address.....1936 St. Louis

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.